## UNITED STATES DISTRICT COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

NATIONWIDE LIFE INSURANCE COMPANY, a foreign corporation,

Plaintiff/Counter-Defendant,

VS

Case: 2:11-cv-12422-AC-MKM

Hon. Avern Cohn

WILLIAM KEENE, JENNIFER KEENE, MONICA LYNN LUPILOFF, NICOLE RENEE LUPILOFF and NICOLE RENEE LUPILOFF PERSONAL REPRESENTATIVE OF THE ESTATE OF GARY LUPILOFF, DECEASED,

Defendants,

and

MONICA LYNN LUPILOFF, NICOLE RENEE
LUPILOFF and NICOLE RENEE LUPILOFF
PERSONAL REPRESENTATIVE OF THE ESTATE
OF GARY LUPILOFF, DECEASED,

Defendants/Counter-Plaintiffs and Cross-Plaintiffs,

٧S

WILLIAM KEENE, JENNIFER KEENE, individually, jointly and severally,

Defendants/Cross-Defendants.

Michael F. Schmidt (P25213) Attorney for Plaintiff 1050 Wilshire Dr, Ste 320 Troy MI 48084 248 649-7800

Albert L. Holtz (P15088)
ALBERT L. HOLTZ, P.C.
Attorney for Monica Lupiloff, Nicole
Lupiloff and Nicole Lupiloff,
Personal Representative of the
Estate of Gary Lupiloff, deceased
248 593-5000

**CROSS COMPLAINT and CERTIFICATE OF SERVICE** 

NOW COME the Defendants/Cross-Plaintiffs herein, Monica Lynn Lupiloff, Nicole Renee Lupiloff and Nicole Renee Lupiloff Personal Representative of the Estate of Gary Lupiloff, Deceased, by their attorney, ALBERT L. HOLTZ, P.C., and for their Cross Complaint state as follows:

### **GENERAL ALLEGATIONS**

- 1. Plaintiff, Nationwide Life Insurance Company (hereinafter "Nationwide") is an insurance corporation with its principal place of business in Columbus, Ohio.
- 2. Defendant/Cross-Plaintiff, Monica Lynn Lupiloff, is a resident of Chicago, Cook County, Illinois.
- 3. Defendant/Cross-Plaintiff, Nicole Renee Lupiloff, is a resident of Oakland County, MI and is also the duly-qualified Personal Representative of the Estate of Gary Lupiloff, her father, Oakland County Probate Court file: 10 330999 DE.
- 4. On July 13, 2010, Gary Lupiloff was murdered on his premises in Royal Oak, MI. He was shot in the back and died within an hour of the shooting.

# COUNT I The Insurance Policy

- 5. The Cross-Plaintiffs incorporate by reference each and every of the foregoing allegations as though fully set forth herein, and further state:
- 6. The Cross-Plaintiffs were contingent-beneficiaries of a Nationwide policy in the amount of \$500,000 (hereinafter the "Policy") attached hereto as Exhibit A. Cross-Defendant, William Keene, on information and belief, was the alleged killer of Gary Lupiloff, or William Keene allegedly hired someone to kill Gary Lupiloff, for the proceeds of the Policy, which was issued without the knowledge of Cross-Plaintiffs.

- 7. William Keene has filed a claim with Nationwide for the proceeds of the Policy (attached hereto as Exhibit B).
- 8. Through fraud and/or duress, William Keene was substituted as owner (Exhibit C) and primary beneficiary and Jennifer Keene was substituted as contingent beneficiary in the place of Monica Lupiloff and Nicole Lupiloff (Exhibit D).
- 9. Gary Lupiloff's signature was allegedly forged on the Change of Beneficiary form the change of ownership form.
- 10. MCL 700.2803(4) bars William Keene from collecting under the Policy. Further, Jennifer Keene is barred also because of her alleged conspiracy in the killing, fraud and/or duress, and she has failed to file a proof of claim under the Policy.

WHEREFORE, Cross-Plaintiffs pray that this Court enter a judgment in favor of the Cross-Plaintiffs and award them interest, court costs and attorney fees for damages so wrongfully sustained.

# COUNT II Wrongful Death

- 11. The Cross-Plaintiffs incorporate by reference each and every of the foregoing allegations as though fully set forth herein, and further state:
- 12. William Keene is allegedly believed to have murdered Gary Lupiloff by shooting him, or allegedly hiring an assailant to shoot Gary Lupiloff, in stealth, in the back, and from behind the decedent's premises in Royal Oak, MI.
- 13. In said shooting, William Keene, was allegedly guilty of gross negligence and/or intentional misconduct resulting in the wrongful death of Gary Lupiloff to the detriment of his family and his estate.

14. Gary Lupiloff's death caused him extreme pain and suffering, and caused

emotional pain and suffering to his family including, but not limited to, his daughters,

Monica Lupiloff and Nicole Lupiloff.

15. Said wrongful death allegedly perpetrated by William Keene was allegedly

within the knowledge, information and belief of his wife, Jennifer Keene, who knew or

should have known of Keene's heinous act.

16. Gary Lupiloff's family and Estate have expended costs of medical treatment,

expenses of his last illness, and funeral, burial and monument expenses, all of which have

not been compensated.

17. Cross-Plaintiffs seek damages for wrongful death, pain, suffering, medical

expenses, cost of last illness, burial, internment, and monument expenses and exemplary

damages for the wrongful death of Gary Lupiloff.

WHEREFORE, Monica Lynn Lupiloff and Nicole Renee Lupiloff seek judgment in

the amount of \$500,000 plus, interest, court costs and attorney fees, and the Estate of

Gary Lupiloff seeks judgment in the amount of \$3,500,000 together with interest, court

costs and attorney fees and such other and further relief as is justifiable in equity and good

conscience.

ALBERT L. HOLTZ, P.C.

Dated: 20 June 2011

/s/ Albert L. Holtz

4

### **CERTIFICATE OF SERVICE**

LYNN PARSONS does hereby affirmatively state that on 6/20/11 she electronically filed the foregoing and this Proof of Service with the Clerk of the Court using Wiznet E-File & Serve system-which-will-effectuate-service-upon-all counsel of record.

/s/ Lynn Parsons

# **EXHIBIT A**

### POLICY CERTIFICATION

The undersigned, Jaimey Bly, being the Manager of Life Policy Administration of Nationwide Life Insurance Company located in Columbus, Ohio, hereby states that the attached portions of policy number L034804300 insuring the life of Gary H. Lupiloff, constitute a true and accurate copy of said policy.

Jaimey Bly

STATE OF OHIO . )

COUNTY OF FRANKLIN )

On this 40 day of 2011, before me, a Notary Public in and for the State of Ohio, appeared 3000, known to be the person described herein, and who executed the foregoing instrument and she acknowledged that she voluntarily executed the same.

Notary Public

My Commission Expires: U-202011

MARGARET MODLICH
Notary Public, State of Ohio
My Commission Expires 06-22-2011



### GUARANTEED TERM LIFE INSURANCE TO AGE 95 POLICY

#### PLEASE READ YOUR POLICY CAREFULLY

This policy is a legal contract between you and us:

#### MEMO TO THE POLICY OWNER:

Patricia B. Hatter

Thank you for relying on Nationwide Life Insurance Company.

The protection this policy provides is explained on the following pages... To help us serve you better, please let us know if you change your name or address, or wish to change your Beneficiary.

We agree to pay the Death Benefit to the Beneficiary upon receiving proof that the Insured has died while this policy is in force.

#### 10 DAY RIGHT TO EXAMINE ..

To be certain that you are satisfied with this policy, you have a 10-day "free look." Within 10 days after you receive the policy, you may return it to our Home Office or to the agent who delivered it. We will then void the policy as if it had nover been in force and refund all premiums paid.

If you have any questions about your policy or need additional insurance service, contact your agent or write to our Home Office. When you write to us, please include the policy number, the Insured's full name; and your current address:

Signed at the Homo Office of the Nationwide Life Insurance Company, One Nationwide Plaza, Columbus, Ohio on the Policy Date shown on the policy data page:

Secretary.

President

Renewable once a year until age 91.

Convertible anytime prior to the end of the conversion period, as stated on the policy data pages:

Premiums payable during lifetime of Insured prior to the end of the term of the policy.

Premiums are guaranteed at issue.

Non-Participating - No Dividends....

Life 4608

Nationwide Life Insurance Company
Home Office: One Nationwide Plaza A Columbus, Ohio 43215-2220:

DUPLICATE

#### -CONTENTS

PROVISION	PAGE
Age or Sex	4
Содуствіоп	5
Death Benefit	4
Definitions	3
Entire Contract	3
General Policy Provisions	3
Grace Period	5
Incontestability	4
Owner and Beneficiary Provisions	4
Policy Data Page	2
Policy Settlement	
Premium Changes	5
Premium Payment Provisions	5
Reinstalement	5
Tuicide	4
Tables for Settlement Options	8

#### **POLICY DATA PAGE**

Owner Inswed **GARY H LUPILOFF** 

Policy Number Age Of Insured

**GARY H LUPILOFF** L034804300

Sex Of Insured Rate Typs

Mel Non-Tobacco Policy Data

November 28, 2003

Initial Face Amount

\$500,000

Standard Premium Class

An initial promium on the promium basis as shown in the application is due as of the policy date. Total initial premiums for the available frequencies of payment are:

Annual

Semi Annual

Quarterty

Monthly

\$1,030.00

2. edd the loading

\$538,60

\$272.95

\$91.67

.00

Premiums are payable to the policy anniversary in the year shown in the schedule below or until prior death of the baured.

To determine the guaranteed maximum model premium for any given ago, use the annual premium shown and then: t. multiply by the factor shown at the right; and

Payment Mode Semi-annual

Factor Loading

x .6200 x .2650

Quarterly PAP

.00 x .0890 .00

# Schedule of Benefile and Annual Premiums

Form Number 4608

Booefite

Annual Premium Payablo

10 YEAR LEVEL GUARANTEED TERM LIFE INSURANCE TO AGE 98

\$1,030.00

To Year 2013

TOTAL INITIAL ANNUAL PREMIUM

\$1,030.00

Lii. 4408 Page Z

XLUPOTA

Insured Name GARY H LUPILOFF

Policy-Number-L034804300-

Policy Osla

November 28, 2003

Age Of Instered Sex of Insured Male

10 Year Level Guaranteed Term Life Insurance to Age 95 - Basa Policy

Face Amount --

\$500,000

NOTE: Premium is due at the beginning of each premium payment period (le., Annual, Semi-Annual, Quarterly, Mornhiy). The premium for the annual premium payment period is disclosed on this page.

HOTE: Conversion may be at any time during the first 5 years, subject to the 'CONVERSION' provision.

POLICY YEAR	AQE	OUARANTEED PREMIUM	POLICY YEAR	AOE	GUARANTEED PREJEUM
•	46	\$1.030.00	26	71	\$52,915.00
.1	. –			_	
2	47	\$1,030.00	27	72	\$58,435.00
,3	48	\$1,030.00	28	73	\$65,135.00
4	49	\$1,030.00	29	74	\$72,495.00
5	50	\$1,030.00	30	75	\$80,385.00
6	51	<i>\$</i> 1,030.00	31	76	\$88,676.00
7	52	\$1,030 00	32	77	• \$97,365.00
8	53	\$1,030.00	33	76	\$106,480.00
9	54	\$1,030.00	34	70	\$116,310.00
10	68	\$1,030.00	35	80	\$127,170.00
11	56	811,825.00	. 36	81	\$139,335.00
12	87	312,900.00	37	20	5103,000.00
13	58	\$14,286.00	38	83	\$168,280.00
14	SÓ	\$15,710.00	38	84 .	\$184,698.00
15	60	\$17,320.00	40	85	\$201,930.00
16	81	\$19,110.00	41	88	\$219,760.00
17	62	\$21,176.00	42	87	\$237,915.00
18	63	523,516.00	43	88	\$258,315.00
19	64	\$28,110.00	44	89	\$275,226.00
20	65	\$28,955.00	48	90	\$294,910.00
21	69	\$32,030,00	45	91	\$315,830.00
22	87	\$35,330.00	47	82	\$338,785.00
	88	\$38,916.00	48	93	9365.945.00
23 24	69	\$42,890.00	49	94	\$402,410.00
25	70	\$47,750.00		• •	4,24,1,404
20	, u	441110000			

XLVP04A

#### DEFINITIONS

ATTAINED AGE: The Insured's Attained Age is equal to the Insured's age at issue, shown on the policy data page, plus the number of completed Policy Years.

BENEFICIARY: The Beneficiary is the person to whom the Death Benefits are paid when the Insured dies. The Beneficiary is named in the application, unless changed.

COMPANY: The Company is the Nationwide Life Insurance Company. "We," "our," and "us" refer to the Company.

CONTINGENT BENEFICIARY: The Contingent Beneficiary will become the Beneficiary if the named Beneficiary dies prior to the date of the death of the Insured.

CONTINGENT OWNER: The Contingent Owner will become the Owner if the named Owner dies prior to the date of death of the Insured.

DEATH BENEFIT: The Death Benefit means the amount of money payable to the Beneficiary if the Insured dies while this policy is in force.

HOME OFFICE: The Home Office of the Company is at One Nationwide Plaza, Columbus, Ohio.

INSURED: The Insured is the person whose life is covered by this insurance policy and named in the application.

OWNER: The Owner is as stated in the application unless later changed and endorsed on this policy. "You" or "your" refer to the Owner of this policy.

POLICY ANNIVERSARY: A Policy Anniversary is an anniversary of the Policy Date, shown on the policy data page.

POLICY DATE: The Policy Date is the date the policy provisions take effect. It is shown on the policy data page. Policy Years and policy months are measured from the Policy Date.

POLICY YEAR: The Policy Year starts on an anniversary of the Policy Date, and ends on the day prior to the next anniversary of the Policy Date.

### **GENERAL POLICY PROVISIONS**

ENTIRE CONTRACT: The insurance provided by this policy is in return for the application and premiums paid as required in the policy. The policy and a copy of any written application, including any written supplemental applications together make up the entire policy contract. All agreements related to the policy must be on official forms signed by the President or Secretary of the Company. We will not be bound by any promise or representation made by any agent or other persons.

APPLICATION: All statements in an application are considered representations and not warranties. In issuing this policy, we have relied on the statements made in the application to be true and complete. No such statement will be used to void the policy or deny a claim unless that statement is a material misrepresentation.

**DUPLICATE** 

SUICIDE: Suicide of the Insured, while same or insune, within two years after the Policy Date, is not covered by this policy. In that event, this policy will end and the only amount payable will be the return of any paid premiums to the Beneficiary.

INCONTESTABILITY: After this policy has been in force during the lifetime of the Insured for two years from the Policy Date, we will not contest it for any reason except nonpayment of premiums. After any endorsement or rider has been in force as part of the policy during the lifetime of the Insured for two years, we will not contest it for any reason except nonpayment of premium.

ERROR IN AGE OR SEX: If the age or sex of an Insured has been misstated, all payments and benefits under the policy will be those which the premiums paid would have purchased at the Insured's correct age or sex.

ASSIGNMENT: The Owner may assign all rights under this policy. We will not be bound by the assignment until written notice is received, accepted, and recorded at our Home Office. Assignment will be subject to any amounts owed to us before the assignment was recorded. We are not responsible for the validity of any assignment.

NON-PARTICIPATION: This policy does not participate in our carnings or surplus. This policy does not carn dividends.

#### DEATH BENEFIT PROVISION

We will pay the Death Benefit to the Beneficiary when we receive satisfactory proof that the death of the Insured occurred while this policy was in force. The part of any premium paid past the policy month of death will be added to the amount paid on death. Any amounts owed to us under the Premium Payment Provisions will be deducted from the amount paid on death.

#### OWNER AND BENEFICIARY PROVISIONS

OWNERSHIP: The Owner has all rights under the policy during the lifetime of the Insured, unless otherwise provided. If the Owner dies before the Insured, the Owner's estate becomes Owner of the policy, unless the Owner has provided otherwise.

The Owner may name a Contingent Owner or a new Owner at any time during the lifetimo of the Insured. Any new designation of an Owner will automatically revoke any existing designation. Any request for change must be made in writing and recorded at our Homo Office. It is effective as of the date the written request is signed. It will not apply to any payment made or action taken by us before it was recorded.

BENEFICIARY: The Beneficiary and Contingent Beneficiary on the Policy Data are named in the application. More than one Beneficiary or Contingent Beneficiary may be named. If more than one Beneficiary is designated when the Death Benefit becomes payable, payment to the survivors will be made in equal shares, or in full to the last survivor, unless some other distribution of proceeds is provided.

If any Beneficiary dies or cesses to exist before the Death Benefit becomes payable, that Beneficiary's interest will be paid to any surviving Beneficiaries or Contingent Beneficiaries according to their respective interests, unless you have specified otherwise. If no Beneficiary is living or in existence when the Death Benefit becomes payable, we will consider you or your estate to be the Beneficiary.

CHANGE OF BENEFICIARY: While the Insured is living, you may change any Beneficiary or Contingent Beneficiary. Any change must be in a written form satisfactory to us and recorded at our Home Office. Once recorded, whether or not the Insured is then alive, the change will take effect as of the date you signed it. It will not affect any payment made or action taken by us before it was recorded. We may require that you send us your policy for endorsement before making a change.

#### PREMIUM PAYMENT PROVISIONS

Premiums are payable for the term of the policy or until the prior death of the Insured. The full premium is payable in advance, and must be paid when due to avoid loss of coverage or reduced benefits. Premiums are payable at our Home Office or to our authorized representative. The authorized representative will accept premiums and provide an official Company receipt signed by the President or Secretary and countersigned by representative. The first premium is due on the Policy Date shown on page 2. After that, premiums are due once a year, or every aix months, or every three months, or once a month, depending upon the frequency of payment chosen by the Owner.

All future premiums are guaranteed. You may change the frequency of future premium payments by written request. The change must conform to premium payment rules we have in effect at that time.

PREMIUM CHANGES: All premiums are guaranteed at issue as stated in the policy data pages. The premiums are level for the period shown on the policy data pages. After the level portion of the policy, the premiums are based on an Attained Age scale and increase every year to age 95.

GRACE PERIOD: If any premium after the first one is not paid when due, a period of 31 days from the due date of the unpaid premium will be allowed for payment. The policy will continue in force during this 31 day period. However, if the Insured dies during this 31 day period, any unpaid premium will be deducted from the Death Benefit. In no event will premiums be charged past the policy month of death. This policy will lapse, without value, if premiums are not paid.

REINSTATEMENT: If this policy lapses prior to the expiration date, you may reinstate it. You must apply in writing within five years after the date the first unpaid premium was due. We must also have evidence of insurability that is acceptable to us. All overdue premiums must be paid with 6% compound interest. Compounding interest is added to the amount owed and begins to bear interest itself during the following year.

#### CONVERSION

This policy may be converted to a level premium, level benefit, permanent plan of whole life or endowment insurance which is currently being offered by Nationwide. Subject to the Company's approval, the conversion may also be made to certain non-level premium, permanent life insurance policies. Conversion may be at any time prior to the end of the conversion period, as stated on the policy data pages. The following will apply:

- 1. This policy must be in force.
- Conversion must be applied for in writing.
- 3. The Insured's Attained Age must be less than 75.
- 4. Evidence of insurability is not needed.
- The face amount of the new policy may be for an amount up to the face amount of this policy at the time the request for conversion is made, but not less than our published minimum for the plan selected.

- 6. The new policy must be for a plan of insurance we are issuing on the date of conversion.
- Premiums for the converted policy will not be waived because of any existing disability at the time of
  conversion.
- 8. Supplemental benefits cannot be added without evidence of insurability and consent of the Company.

The Policy Date of the new policy will be the date of conversion. The premium for the new policy will be based on the same class of risk as this policy and the Attained Age of the Insured on the date of conversion.

The contestable and suicide periods in the new policy will start on the Policy Date of this policy.

#### POLICY SETTLEMENT

Policy settlement means payment of the Death Benefit when the Insured diex.

Policy settlement may be paid in a lump sum. Options for other methods of settlement are also available. One settlement option or a combination of options may be chosen. A settlement option other than lump sum may be chosen only if the total amount placed under the option is at least \$2,000.00 and each payment is at least \$2,000.00.

While this policy is in force, the Owner may choose, revoke or change settlement options at any time. If no settlement option has been chosen before the Insured has died, the Beneficiary may choose one. If no other settlement option has been chosen, payment will be made in a lump sum.

Settlement options must be chosen, revoked or changed by proper written request. After an option, revocation, or change is recorded at our Home Office, it will become effective as of the date it was requested. We may require proof of age of any person to be paid under a settlement option. Any change of Beneficiary will automatically revoke any settlement option that is in effect.

At the time of policy settlement under any settlement option other than lump sum, we will issue a settlement contract in exchange for the policy. The effective date of the settlement contract will be the date the insured died.

Scattlement option payments are not assignable. To the extent allowed by law, scattlement option payments are not subject to the claims of creditors or to legal process.

Options 1, 2, 4 and the guaranteed period of Option 3, provide for payment of interest at the rate of 2-1/2% per year. We will determine once a year any interest to be paid in excess of the rate of 2-1/2%.

#### OPTIONS

- 1. INTEREST INCOME: Any amount payable under this option may be left with us and will receive interest of at least 2-1/2% annually. This interest may be either left to accumulate or it may be paid at the end of every 12, 6, 3, or 1 month interval from the effective date of the settlement contract. Upon receipt of proper written request, the amount left with us may be withdrawn.
- 2. INCOME FOR A FIXED PERIOD: Any amount payable under this option will be paid over the number of years selected. The amount payable monthly for each \$1,000 left with us will be at least as much as the amount shown in the Option 2 Table. If chosen, payments will be made at the beginning of each 12, 6, 3, or 1 month interval, starting with the effective date of the settlement contract. Each payment includes a portion of the amount left with us and interest. Upon receipt of proper written request, the amount left with us may be withdrawn.

**DUPLICATE** 

- 3. LIFE INCOME WITH PAYMENTS GUARANTEED: Any amount payable under this option will be paid during the named payee's lifetime. A guaranteed period of 10, 15, or 20 years may be selected. Payments will continue to the end of this period even if the payee dies. The amount payable monthly for each \$1,000 left with us is shown in the Option 3 Table. If chosen, payments will be made at the beginning of each 12, 6, 3, or 1 month interval starting with the effective date of the settlement contract. Amounts left with us under this option may not be withdrawn.
- 4. FIXED INCOME FOR VARYING PERIODS: Any amount payable under this option will be paid in a fixed amount until the amount left under this option, and interest, has been paid. The total amount payable each year may not be less than 5% of the amount left under this option. Interest paid under this option will be at the rate of at least 2-1/2% compounded annually. If chosen, payments will be made at the beginning of each 12, 6, 3, or I month interval, starting with the effective date of the settlement contract. Upon receipt of proper written request, the amount left with us may be withdrawn.
- 5. JOINT AND SURVIVOR LIFE INCOME: Any amount payable under this option will be paid and continued during the lifetimes of the named payees, as long as either payee is living. Upon request, the Company will furnish information as to the monthly amounts payable for each \$1,000 of proceeds. (Life Income amounts payable for other combinations of age and sex will be furnished on request.) If chosen, payments will be made jointly at the beginning of each 12, 6, 3, or 1 month interval, starting with the effective date of the settlement contract. Amounts left with us under this option may not be withdrawn.
- 6. LIFE ANNUITY: Any amount payable under this option will be paid during the lifetime of the named payee or the lifetimes of the named payees. The amount payable will be 102% of our current annuity purchase rate on the effective date of the settlement contract. Annuity purchase rates are subject to change. Upon request, we will quote the amount currently payable under this settlement option. If chosen, payments will be made at the end of each 12, 6, 3, or 1 month interval from the effective date of the settlement contract. Amounts left with us under this option may not be withdrawn.

# TABLES FOR SETTLEMENT OPTIONS

OPTION 2

Monthly Installments for each \$1,000 of Proceeds
Option 2 - Income for a Fixed Period

	Number of Years  Specified	Amount of Each Installment	Number of Years Specified	Amount of Each Installment
	Ī ,	\$84.28	16	26.30
ı	2	42.66	l iñ l	6.00
	. 3	28.79	l iš i	5.73
1	4	21.86	19	5.49
	5	17.70	20	5.27
1	9	14.93	21	5.08
J	<i>,</i>	12.95	22	4.90
1	8 1	11.47 10.32	23	4.74
1	10	9.39	24 25	4.60
ĺ	ii l	8.64	26	4.46 4.34
1	12	8.02	27	4.22
	13	7.49	28	4.12
	14	7.03	29	4.02
ļ	12 1	6.64	30 5, 5,969 and 2,994 respective	1.91

Annual, semi-annual or quarterly payments are 11.865, 5.969 and 2.994 respectively times the monthly installments.

**OPTION 3** 

Monthly Installments for each \$1,000 of Proceeds
Option 3 - Life Income with Payments Guaranteed
REFER TO NEXT PAGE

OPTION 5

Monthly Installments for each \$1,000 of Proceeds Option 5 - Joint & Survivor Life Income

M/F	50	55	60	65	70	75	80	85	90	95	100
50	\$2.86	\$2.96	\$3.04	\$3.11	\$3.17	\$3.21	\$3.24	53.26	\$3.28	\$3.29	\$3,29
55	\$2.92	\$3.04	\$3.15	\$3.26	\$3.35	\$3.43	\$3.48	53,52	\$3.55	\$3.56	\$3.57
60	\$2.96	\$3.11	\$3.26	\$3.41	\$3.55	\$3.67	\$3,77	\$3.84	\$3.88	\$3.91	\$3.93
65.	\$3.00	\$3.17	\$3.35	\$3.55	\$3.75	53.94	\$4.10	\$4.22	\$4.31	\$4.37	\$4,40
70	\$3.02	S3.21	\$3,43	\$3.67	\$3.94	\$4.21	\$4.47	\$4.68	\$4.85	\$4.96	\$5.03
75	53.04	53.24	\$3.48	\$3.77	\$4.10	\$4,47	\$4.85	55.20	\$5.50	\$5.72	\$5.86
80	\$3.05	\$3.26	\$3.52	\$3.84	\$4.22	\$4.68	\$5,20	\$5.73	\$6.22	\$6.63	\$6.92
85	\$3.06	\$3.28	\$3.55	53.88	\$4.31	\$4.85	\$5.50	\$6,22	\$6.98	\$7.67	
90	\$3.07	\$3.29	53.56	\$3.91	\$4.37	\$4.96	\$5.72	\$6.63	\$7.67	f I	\$8.22
95	53.07	\$3.29	\$3.57	53.93	54.40	\$5.03	\$5,86	\$6.92		\$8.73	59.68
100	\$3.07	\$3.30	\$3,58	\$3.94	\$4.42		-		\$8.22	\$9.68	\$11.16
1,00		4000	ا والدو	42.54	34.4Z	\$5.07	\$5.96	\$7.12	\$8.62	\$10.46	\$12,49

# OPTION 3

### Monthly Installments for each \$1,000 of Proceeds Option 3 - Life Income with Payments Guaranteed

	Ago	of Payo Birthda		Guarani V	ccd P	criod	Ag	of Paye	œ	Gu	aranice Yes	d Perio	4	Ago	of Pay Birthd	œ	Ğ	manie		od
		Fema		<u> </u>	13	20		Fema		10	1 3		<u>r -</u>		Fon		-10-	Ye		20
	5&	10 &							+				-							
	under			22 6	2.33	\$2.32	35	40		2.75	\$2.7	5   \$2	75	65	70	. [ .	4.37	7   \$4.	22   6	4.12
	6	11	\$2.		 !.33	\$2.33		41	- 1 -	278				66	71	1 .	4,48			4.12 4.19
	7	12	52		34	\$2,34		42	t t	2.8I	\$2.8	1	- 1	67	72	1 -				
	8	13	52		.35	\$2.35	38				\$2.8						4.59	1 -		1.26
	9	14	52		.36 .36	\$2.36	39	43 44	1 '	2.83				68	73		4.71			4_33
(	9	14	134	0   32	ا ەد	<b>\$4.0</b> 0	39	44	3.	L86	\$2.80	5   \$2.	33	69	74	13	4.83	\$4.0	אַן נינ	1.40
ŗ	٠	1.5	60.5	2   60	32 I	£0.40	1 10	45	T ~~		60.00		<del>Т.</del>	70	06	-		1		
J	10	15	\$2.3		37	\$2.37	40	45		.89	\$2.89			70	75		1.96			1.47
- 1	11	16	\$2.3		38	\$2.38	41	46		.92	\$2.92			71	76		5.10			.54
	12	17	\$2.3			\$2,39	42	47		.96	\$2.95			72	77		5.24	54.9	- 1	.61
ı	13	18	\$2.4			\$2.40	43	48		.99	\$2.99			73	78		39	\$5.0		.68
L	14	19	\$2.4	1 52	41	\$2.41	44	49	<u> [53</u>	.03	\$3,02	\$3.0	1	74	79	55	<u> </u>	1.52	8   \$4.	.75
_	<del></del>		1 22 2	- 1					1	1		1	<del></del>							
	15	20	\$2.4			\$2.42	45	50		.07	\$3.06			75	80		-71	\$5.2		- 1
- 1	16	21	\$2.4			\$2,43	46	51		.11	\$3.10			76	81		.87	\$5.4		
- 1	17	22	\$2.4			<b>\$2,44</b>	47	52		.15	\$3.14	\$3.1		77	82		.05	\$5.5		1
-	18	23	\$2.4	J -		\$2.45	48	53	\$3.		\$3.18	\$3.1		78	83	\$6.		\$5,6		- 1
L	19	24	\$2.47	\$2.	7	52,46	49	54	53.	24	\$3,22	\$3.2	3 _ 3	19	84	\$6.	40	\$5.73	2 \$5.	02
_	1		r					·				,				·			•	
	20	25	\$2.48			\$2.48	50	55	\$3.		\$3.27	\$3.2		0	85	\$6.		\$5.82		
	21	26	\$2.49			2.49	51	56	\$3.		\$3.32	\$3.29		1	86	\$6.		\$5.91		
1	23	27	\$2.51	•		2.50	52	57	\$0.:		\$3.37	\$3.34		2	87	36.	- 1	36.00		1
	24	28 29	\$2.52	4		2.52	53	58	\$3.4		\$3.42	\$3.39		- 1	88	57.		\$6.09		
ᆫ	24	29	\$2.54	\$2.5	4 ] 3	2.53	54	59	\$3.:	100	\$3.48	53.44	8	4	89	\$7.	33	\$6.16	\$5,1	8
	25	30	\$2.55	1 67 6	- 1 -	2.66	I	~	1 400 4	71		40.10	<del></del>	r		1 40	7	***	1	
1	26	31	\$2.57	\$2.5 \$2.5		2.55 2.57	55 56	60	\$3.5 \$3.6		53.53 53.59	\$3,49 \$3,54			90	\$7.5		\$6.24	\$5.2	
	27	32	\$2.59	52.5		2.58	57	61 62			3.66	\$3.60	8	- 1	91	\$7.6		\$6.30	\$5.2	
1	28	33	\$2.61	\$2.6		2.60	58	63	\$3.6		3.72		ľ		92	\$7.8		\$6.36	\$5.2	
	29	34	\$2.62	\$2.6			59					\$3.66	88		93	\$8.0		\$6.41	\$5,2	
<u></u>	49	34	12.02	1 32.0.	1 3	2.62	39 <u> </u>	64	\$3.8	41.3	3.79	\$3.72	85	<u>'                                    </u>	94	\$8.1	9	\$6.46	\$5.2	<u>5</u> ]
Γ:	30	35	\$2.64	\$2.64	سق ا	2.64	60	<i>ca</i> 1	e2 0		2001	~1 AB	1 0		0.6		. 1	24.50	1	7
	31		\$2.66	\$2.60			- 4	65	\$3.9		3.86	\$3.78	90		95	\$8.3		\$6.50	\$5.20	
	32			1			61	66	\$3.9		3.93	\$3.84	91		96	\$8.4		\$6.53	\$5.27	
			\$2.68	\$2.68			62	67	\$4.0		4.01	\$3.91	92	- 1	97	\$8.6		\$6.56	\$5.27	
		- 1	\$2.71	\$2.70			63	68	\$4.17	1	4.09	\$3.98	93		98	\$8.7.		\$6.58	\$5.27	
1	14	39	\$2.73	\$2.73	22	-72	54	69	\$4.27	/ J 5	4.18	\$4.05	94		99	\$8.84	<b>;</b> ] ;	\$6.60	\$5.27	1
1	-				1						- {		95 8		X) & (X		Ι.			
L					ــــــــــــــــــــــــــــــــــــــ								OVC	10	ver	28.7	Ц.	56.61	<b>3</b> 5.27	J

If the income payable for a specific guaranteed period is equal to that for other guarantee periods the longer period will be deemed to have been elected.

Life 4608

Page 9

DUPLICATE

`	Case 2:11-cv-12422-AC-MKM ECF No. 16, PageID.2	299	Filed 06/20/11	Page 19 of 43
				÷
•				
			·	1974
			•	
	THIS PAGE INTENTIONALLY LEFT E	11 A	JK	
	THO PAGE REPORTED FACE FOR	<i>-</i>		
	•		••	
				•
	•			
			•	
			·	
		•		
				!
				:]
				1

# NATIONWIDE LIFE INSURANCE COMPANY

ENDORSEMENTS (Endorsements may be made only by the Company at the Home Office)

# ☐ NATIONWIDE LIFE INSURANCE COMPANY ☐ NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

	ppication for Life Insurant	<b>4</b>					•		P.O.80	n. 182815 Colu	mbus, Chio 43216-283
	ARTA		_								
-1/1		Y-ENSURED)						1.	a. 1.a		
	, , , ,	Gary	<b>₽</b> ((			The	· .	) h	Social S	ecountry Municipes	
1	Residence Street Addr	sas finologia city	stale an	фq	dr)-	-4					
a	County *	Daklin	<b>)</b> : .		Date of E		3/-			Col Brit.	·
9	Ser D F	1 Age	Ti.	Lig-	E 2000		-	1		ents I and Str	
k	Former Hame (d applic		1 00	cupilq	works	\$	\_		physic	\ <del></del>	
ī		intend English?	0.0	iprensi	o of other	ubrid Fore	u gila	MANA)	p: H	Antegration	universitation U.S.?
-	Telegrope (Home):		Seal lines		<u>. D.G</u>	nada - E	phoen	e. Dunisas	<u>.  </u>	HG YEST	ane in cali '
			\$10c		TUPH.					<u>.l</u>	<u>CAD</u> /PU
7			DCKITO	REIG	Complete /	parcette)				<del> </del>	
	XABROF.: INSURED(3)	DATE OF BURTH	AGE	5EX	HEGHT	TRBIEW		TH:		L SECURITY - Umber -	RELATIONSHIP TO INSURED
									-	<del></del> -	<del>-  </del> -
										•	
						170			-	<u> </u>	
3	JOINTISPOUSE PROPI Residence Street Address					IN- (Contrac	an a section	ncson)	·	<del></del>	
_				·		<del></del>				<del></del>	
Þ	Former Name (d'applica		c C	)crabit)				to the	kyet ·		
*	Driver's License # and 5			!	County					g MadelS	21zd::
h	Can you read and unders	itund English?		र्मकाञ्च है प	D Can	obral Foreign ada 🔘	Supple Other		j. Hov	i long lame you	been in the US?
K.	Telophone (Harre):	I Bo	st ime i	- قده ه	I IPM	m Teir	phone (	Base Mate	<b>):-</b>	n. Best po	
4	OHNER (The Porting E	anured (Josef Inst	wods in			ולו מינים לאו (י	росу	in 1888 8	ndcated he	na With Owne	
•	the Trust Information Sec. Name (First, All, Leaf):	nou perow)			·			b. :	Social Sec	rity Humber or	Olas T
5	Residence Street Address	s (motode city, six	the soud 2	ap codi	<del></del>	<del></del>				<del></del>	-
đ	County.	a Relations	ha la la	ared i	·	I Teleo	bace N	umber	a	Data of Burb	· · · · · · · · · · · · · · · · · · ·
	ly copposite h. 1, 1 and k for	No Marie and Character				-140 30014	~6.0		1702 av bre (	Denote Canton	
	Occubajou	Sacreta Rá bea	I.			1 Meda		1			Committy (1994)
	Trasi Johnneiga (Please	suboni copy of fir	al end si	gestary.	pages of Tr	ud documen	1]				
	EXACT NAME OF			TRUS	IT TAX INBER:			ENT TR	ustee(s)		DATE OF TRUST
	CONTRICENT OFFICE				·			11. 6	alal Carr	3. BL	
	ismo (Frst, M., Lesq							b 5	W==1 9600	ily Humber or T	W. 10.
	Residence Street Address	jadide dy, sie	e and Dy	code)	•						1
1	Couply.	a Relational	को को कुट	UCPO(1)		1 Teleph	one Ne	aber .	9-	Date of Brists	
473	R21	·			Psoe :						(12/2002)

DUPLICATE

6. LIFEINSURANCE PLAN	
<ul> <li>Plan (II a Variable Life product is being applied for, III</li> </ul>	Variable Life Fond Supplement HUST be complained in conjunction with this application.)
67! 10	Y
b Total Specifical Face Amount C	Addooral Protection Rider Amount:   J Supplemental Coverage Percentage
	Individual de case cold
\$ 500.000	(NA) (NA).
o Initial Pregram Decose:     Planned Premi	um (Chock plan for avatabley)
[paid with application] [] Single Pro	
D Arexed:	30 Quarterly \$ 197.43
S 300.00 II Monthly E	FT (Complete Phit A-17)
FOR INDIVIDUAL VARIABLE UNIVERSAL LIFE PLAN O	NIV (These ship for exactly I
Death Beneit Option (if no option is zalected here. Option 1. (The Specified Amount, or a molitale of	Distriction
III Outland The County Amount of the County	I the Cash Value whichever is preater). Value, or a multiple of the Cash Value, whichever is greater).
C) Orders 1 (The Special Countries that the Drive	value, la a musipa di via Lassi value, vilicini ya 1900. Butan Amerikahan et
La Option (114 Special particular particular to	norm Accumulation at% interest or a could be of the Cauth Value; whichever is greater)
In Internal Revenue Code Isla Insurance Qualification Te	st (V no selection is made here, Guideline Premium Cash Value Comdor Test is elected ).
D Coffiching Programs Capts Valor Contine Test L Optional British Relation	Cash Valva Accusedation Test
C Ostocial Benefit Return  C Acceptate Death Benefit Ander \$	FI Martine Color of A. P. C.
· O: Adapted Sales Load Rider	Maturity Extension Endorsement for Specified Amount     Premiora Waves Rider S
X for whole percentages only) waved for	years D Spouse foder \$
D Child Roller S_	Warner of Honthly Deduction Ridge:
Loop Team Care Rider's	Other Roder(s)
. Сопт	leta Supplement for Long Term Cara Ridar
FOR SURVIVORSHIP LIFE PLAN CHLY (Check plan for a	voilstail(r.)
Denth Benefil Option [If no option is selected here, Option	on 1 is elected)
C) Option 1 (The Specified Amount, or a multiple of	Did Cash Valos, whethever is greater 1:
Option 2 (The Specified Amount of the Cash's	Man, or a methols of the Cath Value subschools a combon to
☐ Option 3 (The Specified Amount plus the Prendu	on Accumustation at % interest or a multiple of the Coats Velve, whichever is greater ).
k Internal Revenue Code Life Insurance Qualification Test	(Vino selection is mode here, Guideline Pramium Cash Valua Comdor Tast in elected.):
D. Giddelina Premum/Cath Value Comdor Test L. Ontoral Baneti Riders	Cath Value Accumulation Text.
L. Optional Banacii, Ridera.  Cl. Adverted Sales Load Rider:	The Assistance of the Control of the
% (in whole percentages only) walved for_	Matinity Entersion Endomement for Specified Amount  years:      D. Policy Spit Option Rider
Estate Protection Rider \$	Other Ridei(s)
FOR UNIVERSAL LIFE PLAN ONLY (Check plan for push)	
m: Death Benefit Option (if no option is selected here. Option	
☐ Option 1 (The Specified Amount; or a multiple of #	1 FAS COMPANY /
□ Option 2 (The Specified Ansount plus the Accumulation)	lated Value, or a methodo of the Accomplated Value Schedussers constant
iii internal Revenue Code Life Inturacce Qualification Tast	If no selection is made here. Guideline Premium/Cash Value Comdor Test is elected.):: .:
CI Guideline Premount/Cash Value Comdor Test	☐ Cash Value Accomulation Test
O Ophonel Benefil Fliders	
Accidental Death - Amount 5	Maturally Extension Endorsement for Specified Amount
Chid Riders	□ Spouse RoderS
Guarante of Option to Increase Specified Amount 5     Usone Protection Patter	The second of th
	Cl Other Roder(r):
FOR WHOLE LIFE PLAN CHLY (Check plan for evaluably)	
p Optional Benefit Rutera	
□ 10 Year Spouse Refer 5	Gwranteed insurability - Amount 1
20 Year Spouse Rider 5	Omose's Death (Complete Part B, \$14 for Owner)
Accidental Death - Ameunt \$  Child Rider \$	Owen's Death or Disability (Complete Part D, D 14 Air Orman)
CI Excess Credit Option	Waver of Prentium Benefit:     Other Rider(s).
I ayadada, isasa waa Aziomalic i	Premition Loan, unless indicated by checking this box
ORTERM LIFEPLAN ONLY (Check plan for evaluably)	
Optonsi Binefi Ridens	
D -19 Year Spotsa Roder \$	C) Children
Cl 20 Year Spoune Rider \$	☐ Warren of Pressure Benefit:
☐ Other Rader(s)	
4738-21	0-44.2

7. ELECTRON	C FUNDS TRANSF	ER AUTHORIZA	TICH						
Ferancea Institution					Firencial (mbb.	itan Phone Numbe	A		
Financial Instituto	n Address								
				7	115-5-	<del></del>			
Account Number Transit/ABA Number									
Monthly EFT Amount   Dia									
Insurance Compa	ny io vistoria debd es	ines lo my chec	dog/connes account l	ndicalled libi	ina itua maran	מה מה מסכות הציבונו והיי	tot for 25mos 2mcu	ECCOLUR.	
A BENEFICIAR	Y DESIGNATIONS	July Jon Plan	specify each Primary	inspreda b	erefoury design	Agnussa 119, d'Ag	cessary When in	אכל! פועי	
A		ar — sala la Mai	ALLERIANS CONTRACT		מישטרות עם או מ	LOSTE LITERAL DE	81 MB D INC MSI.	3U 1777 A	
benefolky u	alasa sorae offici de	tabuton of proc	reds is provided. If it	e Benefici	is a final comb	CLE THE TURN WOU	THOS SECTION BLUE	ML)	
% PRIMARY	CONTIDIOENT		FICURY	DATI		LATIONSHIP	SOCIAL SECUR	GIY	
1 - 1	<u> </u>	<u> </u>	ASIE	DUS	110	MISURED(B)	MUMBER	-	
Proposed Pre		e Elles	to an or the second		E I OL.	me Born		_	
- R	<u> </u>	Mariez 1	COOPE ATTE			whiter !			
<del> - - </del>	<del>- 1</del> - 1	Mercle Re				2 ster			
	and (Job/Spouse)	11111416 156	- rankour			3			
1 0	0			· · · · · · · · · · · · · · · · · · ·					
0							<u> </u>		
	. 0				L				
e. Trust Informat	200					<del></del>			
EXACT NAME OF TRUST TRUST TAX CURRENT TRUSTEE(3) DATE OF TRUST OF TRUST									
							<u></u>		
		so parameter of a	ha Ommat is to be bit	id for the pr	enium por una poe	9/			
a. Numa (Fest, k	•			-			<u>.</u>		
b. Residence Sin	eel Address (Inchrole	ट्यंग, इस्तंब आर्थ र	b cocs)						
10. INSURANCE	MATTANGORIN								
a Wilam Ula k	HANGENINAL	a for this or son	other company be re	nizand dist	notined techno	for changed at us	unnes now spoke	d for is	
	rs v (4/1)	h ///www.n	leave complete som	nenzia zenia	erebeen ii Daard	s en krimmin kar	enua Liada Sactori	כטו ה	
Derhansa nies	ses chará stráva Atr	Lettech 1/135 for	na ili Una ia a Habon	unda Tarro G	OF DOOR FROM HAVE	u are not the Oune	u of the torra policy	or you	
are not connect	ing (hip talue amous	a of the torn pol	cy, please ancieps w	auta coulvata	bon application )				
b Dayou current	ly have any Lab han	POLICY	1	YEAR	C No (1)	yes, please list beh NW TERM	TOBE		
PERSON	COMPANY	NUMBER	- AMOUNT	BUED	DEATH	CONVERSION	REPLACED	1035	
		1 20281	5	1.	\$		☐ Yes ☐ Ho		
	7 24	4	\$		\$	0	☐ Yes ☐ No		
	LAYA		\$		\$	<u> </u>	U Yes □ No	밁	
	1/1/11	1	\$		\$	9	□ Yea □ Ho	-	
		<u> </u>	\$	L	\$	<u> </u>	☐ Yes ☐ Ho	-#-	
		<u> </u>	_ <del>                                     </del>	<u>  </u>	3		D Year D No.	늚	
	1		ing for Life Insurance		and any other or		i Yes		
c is any person in	era bicobosag vot cov	ann ann an	and for rue numerace by all for each borbose	OL CONSUMA OR CATACONES	:1		. حمر عدد		
(4 )as' bintat	NOTINE INCIDE OF THE	hrails environt shi		+	7				
								{	

Pros 3

October 1970 of the first proposition for Life or Health Insurances (or for remotatement for Life or Health Insurances (or for remotatement for Life or Health Insurances (or for remotatement for Life or Health Insurances) (or for the first Insurances) (or for first Insurances) (or firs	All questions are to be answered by each Proposed insured. For each yes answer, provide details below.  I have you ever had any application for Life or Health insurance for for reinstatement for Life or Health Insurance) disclosed, postpood insled-up or limited? (If yes provide details)  I have you ever applied for or received disability payments for any stress or equity? (If yes, provide details)  C. In the past 3 years have you engaged as, or do you whold to engage as:  flying as a pilot, student pilot, or crew member, organized rating of an automobile;  motorcycle or any type of motor-powered velacle, sculia dwing, mountain charbing, hang:  gisting paracturing, sky driving bunges jumping, or any type of body-contact or literarchesises apport? (If yes, complete an Avation/Healthough Activities Ourstoncing)  d. Have you ever had your drivers a beense suspended or revoked or been connicied of driving while imparted or victorated, or been connicied in the past 3 years of more have one morning violation? (If yes, provide details):  Except as prescribed by a physician, have you ever used, or been connicied for sale or possession of cocases or any other narrodic or itegrit dwg? (If yes, complete Drug):  Oussionname ):  I three you had any bankingtones in the past 7 years or have any suits or judgments pending; applications by a physician in the past 7 years or have any suits or judgments pending; applications for Foreign Nationals or Travel)  L. Do you belong to or visual to join any active of inserve military or instal organization? (If yes, complete Supplies Authority or instal organization details):  Do you have a pierent or stilling tho ded from cancer or cardiovascular disease prior to page 60? (If yes, provide relationable) to Proposed Insured(is), age at death and cause of death, and di-	Yes C		PROPERTY OF THE PROPERTY OF TH	POSEDI URED NAL EI EI EI EI EI EI EI EI	Ye	I Ik
All questions are to be answered by each Proposed instruct. For each yes answer, provide the child in bridge of the child in the child instruction of the child instruction	details below.  B. Have you ever had any application for tule or Health insurance (or for reinstatement for Life or Health insurance) disclosed, postpoond rated up or lanted? (If yes, provide details.)  b. Have you ever applied for or received detabality payments for any streets or equity? (If yes, provide details.)  c. In the post 3 years have you engaged as, or do you whold to engage as:  (lying as a pilot, student) pilot, or crear member, organized rating of an automobile; in indirectly of any type of motio-powered vehicle, sould diving, mountain chacking, hanging failing parachuting, sky diving bunges jumping, or any type of body-contact or life—threatening sport? (If yes, complete an Assation/Hittardous Activities Outstinance)  d. Have you ever had your divines success suspended or rended or been connicted of threagned while impaired or vehicle-left, or been connicted in the past 3 years of more lians one morning violation? (If yes, provide details):  e. Except as prescribed by a physician, have you ever used, or been connicted for sale or possession of cocasio or any other narrodic or degrid dury? (If yes, complete Drug? Oussionnaise).*  l. Have you ever been charged with a violation of any continal law? (If yes, provide details):  h. Do you plan to travel or recide outside of the United States or Conada? (If yes, complete: Supplement for Forage Hatomath or Travel)  L. Do you belong to or when the type outside of the United States or Conada? (If yes, complete: Supplement for Forage Hatomath or Travel)  j. Do you have a parent or stibing who deed from cancer or cardiovascular disease prior to pige 60? (If yes, provide relationship to Proposed Insuredia), age at death and cause of death, and di-	Yes C		PROPERTY OF THE PROPERTY OF TH	POSEDI URED NAL EI EI EI EI EI EI EI	Ye	
Attitude britism.    Missir you ever had any application for Life or Hassin inpurance for for renotational for Life or Hassin inpurance for for provide details.]    Billing one ever had any application for Life or Hassin inpurance for for renotational for Life or Life in Life or Life in Life or Life in Li	details below.  B. Have you ever had any application for tule or Health insurance (or for reinstatement for Life or Health insurance) disclosed, postpoond rated up or lanted? (If yes, provide details.)  b. Have you ever applied for or received detabality payments for any streets or equity? (If yes, provide details.)  c. In the post 3 years have you engaged as, or do you whold to engage as:  (lying as a pilot, student) pilot, or crear member, organized rating of an automobile; in indirectly of any type of motio-powered vehicle, sould diving, mountain chacking, hanging failing parachuting, sky diving bunges jumping, or any type of body-contact or life—threatening sport? (If yes, complete an Assation/Hittardous Activities Outstinance)  d. Have you ever had your divines success suspended or rended or been connicted of threagned while impaired or vehicle-left, or been connicted in the past 3 years of more lians one morning violation? (If yes, provide details):  e. Except as prescribed by a physician, have you ever used, or been connicted for sale or possession of cocasio or any other narrodic or degrid dury? (If yes, complete Drug? Oussionnaise).*  l. Have you ever been charged with a violation of any continal law? (If yes, provide details):  h. Do you plan to travel or recide outside of the United States or Conada? (If yes, complete: Supplement for Forage Hatomath or Travel)  L. Do you belong to or when the type outside of the United States or Conada? (If yes, complete: Supplement for Forage Hatomath or Travel)  j. Do you have a parent or stibing who deed from cancer or cardiovascular disease prior to pige 60? (If yes, provide relationship to Proposed Insuredia), age at death and cause of death, and di-	Yes C		PROPERTY OF THE PROPERTY OF TH	EL E	Ye	
*** Navie you ever had any apoplication for Life or Health Insurances for for translationess for Life or Health Insurance) (or feed, postponed rates to or feed of Life or Insurance) (or feed, postponed rates to or feed of Life or Insurance) (or feed, postponed rates to or feed of Life or Insurance) (or feed, postponed rates to or feed of Life or Insurance) (or feed, postponed rates for any feed or or feed of Life or Insurance) (or feed and Life or Insurance) (or feed and Life or Insurance) (or feed and Life or feed of Life or feed of Life or feed of Life or feed or fe	Blave you ever had any application for Life or Health insurance for for reinstatement for Life or Health Insurance) disclosed, postpoond rated up or limited? [If yes, provide details ]  Blave you ever applied for or received disability payments for any rivers or injury? [If yes, provide details ]  C. In the past 3 years have you engaged in, or do you intend to engage in.  Bying its a pilot, student pilot, or crew member, organized rating of an automobile; inclorecycle or any type of motor-powered velacle, soulid diving, mountain disching, sky diving bunges jumping, or any type of body-contact or life-furnalessing sport? [If yes, complete an Austinon/Heardout Activities Our stromanum)  d. Have you ever had your divines been a suspended or revoked or been connicted of diving while impaired or relocated, or been connicted in the past 3 years of more liain one morning violation? (if yea, provide details):  Except as prescribed by a physician, have you ever used, or been connicted for sale or possession of cocane or any other narrootie or diegal drug? (if yea, complete Drug? Oussionnaise).*  I. Have you had not beingted with a violation of any contest liain? (if yea, provide details):  D. You plain to travel or recide outside of the United States or Conada? (if yea, complete: Supplement for Foruga Nationals or Travel.)  D. You plain to travel or recide outside of the United States or Conada? (if yea, complete: Supplement for Foruga Nationals or Travel.)  D. You plain to travel or sende outside of the United States or Conada? (if yea, complete: Supplement for Foruga Nationals or Travel.)  D. You belong to or intend to you any active or reserve midday or inval organization? (if yea, complete to you have a parent or stibing this deed from cancer or cardiovascular disease prior to page 60? (if yea, provide relationable) to Proposed Insured(a), age at death and cause of death, and disease.	Yes D D D S S	80 E E E E E E E E E E E E E E E E E E E	Yes C	20 20 20 20 20 20 20 20 20 20 20 20 20 2	Ye	I Ik
Have you seer had any application to the or Heasth Instrument for later contributions of the or Heasth Instrument (included, prospect in the or proceed details)	Heath Insurance) disclosed, postponed raised-up or limited? [If yes provide datais ]  b. Have you ever applied for or received disability payments for any thress or equity? [If yes, provide datais ]  c. In the past 3 years have you engaged as, or do you intend to engage as:  flying as a piot, student piot, or crew member, organized rating of an automobile; inclorecycle or any type of motor-powered velacle, acute dwing, mountain chabing, hang; gliding parachuting, sky driving bunges jumping, or any type of body-contact or life-furnishing spoot? [If yes, complete an Austion/Hazardous Activities Our stromawo)  d. Have you ever had your devers because suspended or revoked or been connicted of driving whole impaired or inducated, or been connicted in the past 3 years of more liain one morning violation? (if yea, provide dataits):  Except as prescribed by a physician, have you ever used, or been connicted for sale or possession of cocase or any other narrootic or ideast drug? (if yea, complete Drug? Oussionnave).*  I. Have you had pay benkingtones in the past 7 years or have any soils or judgmonts pending; application at this pray? (if yea, provide dataits):  b. Do you plan to travel or require outside of the United States or Conada? (if yea, complete: Supplement for Foruga Nationals or Travel.)  L. Do you have a pierent or stilling this deal from cancer or cardiovascular disease prior to pge 60? (if yea, provide relationathy for Proposed Insurrol(s), age at death and cause of death, and di-		8 8 B B B B B B B B B B B B B B B B B B	0 0 7 0 0	री र्रा र्रा र्रा र्रा र्रा र्रा		
Heath Insurance) idealect   postpoored rated up or Instact?	Heath Insurance) disclosed, postponed raised-up or limited? [If yes provide datais ]  b. Have you ever applied for or received disability payments for any thress or equity? [If yes, provide datais ]  c. In the past 3 years have you engaged as, or do you intend to engage as:  flying as a piot, student piot, or crew member, organized rating of an automobile; inclorecycle or any type of motor-powered velacle, acute dwing, mountain chabing, hang; gliding parachuting, sky driving bunges jumping, or any type of body-contact or life-furnishing spoot? [If yes, complete an Austion/Hazardous Activities Our stromawo)  d. Have you ever had your devers because suspended or revoked or been connicted of driving whole impaired or inducated, or been connicted in the past 3 years of more liain one morning violation? (if yea, provide dataits):  Except as prescribed by a physician, have you ever used, or been connicted for sale or possession of cocase or any other narrootic or ideast drug? (if yea, complete Drug? Oussionnave).*  I. Have you had pay benkingtones in the past 7 years or have any soils or judgmonts pending; application at this pray? (if yea, provide dataits):  b. Do you plan to travel or require outside of the United States or Conada? (if yea, complete: Supplement for Foruga Nationals or Travel.)  L. Do you have a pierent or stilling this deal from cancer or cardiovascular disease prior to pge 60? (if yea, provide relationathy for Proposed Insurrol(s), age at death and cause of death, and di-	0 8 8	a a a a a a a a a a a a a a a a a a a	0 0 7 0 0 0 0	र्य र्य र्य र्य		ा है। इस स्ट्रिस स्ट्
Heath Insurance) idealect   postpoored rated up or Instact?	Heath Insurance) disclosed, postponed raised-up or limited? [If yes provide datais ]  b. Have you ever applied for or received disability payments for any thress or equity? [If yes, provide datais ]  c. In the past 3 years have you engaged as, or do you intend to engage as:  flying as a piot, student piot, or crew member, organized rating of an automobile; inclorecycle or any type of motor-powered velacle, soutia dwing, mountain chabing, hang; gliding parachuting, sky driving bunges jumping, or any type of body-contact or life-furnishing spoot? [If yes, complete an Austion/Hazardous Activities Our stromawo )  d. Have you ever had your devers because suspended or revoked or been connicted of driving whole impaired or inducated, or been connicted in the past 3 years of more liain one morning violation? (if yea, provide dataids):  e. Except as prescribed by a physician, have you ever used, or been connicted for sale or possession of cocase or any other narrootic or ideast drug? (if yea, complete Drug? Oussionnave).*  l. Have you had pay benkingtones in the past 7 years or have any soils or judgmonts pending; application at this large? (if yea, provide dataids).  h. Do you plan to travel or require outside of the United States or Conada? (if yea, complete: Supplement for Foruga Nationals or Travel.)  L. Do you have a pierent or stibing this deal from cancer or cardiovascular disease prior to age 60? (if yea, provide relationship to Proposed Insurrol(s), age at death and cause of death, and di-		2 E	# O	र्ख व्यं स		ा है। इस स्ट्रिस स्ट्
b Have your ever populed for or recorned descabably payments for largy divers or equity? (If yes, provide detable)  c. In the past 3 years have your ecopaged at, or do you strand in engage as the past of the past 3 years have your ecopaged at, or do you strand in engage as the past of the past 3 years have your ecopaged at, or do you strand in engage as past, stated right of control of the past 3 years past at stated plots, or crew returniber, organized strong of an automobile; microrycle or sarylyse of analyses you good and you diversible the past 3 years of body control of the past 3 years 3 years of the past 3 years 3 years of the past 3 years 3 years 3 years of the past 3 years	b Have you ever applied for or received disability payments for any timess or equity? [If yes, provide details]  c. In the past 3 years have you engaged as, or do you intend to engage as:  flying as a piot, student piot, or crew member, organized rating of an automobile; microcycle or any type of motor-powered velacle, acutes dwing, mountain checking, hanging parachusing, sky driving bunges jumping, or any type of body-contact or life-flyinglening spon? [If yes, complete an Austicontiletandous Activities Questioansino)  d Have you ever had your deners been a suspended or revoked or been connicted of driving white implant did velociated, or been connicted in the past 3 years of more been one morning violation? (if yea, provide details):  Except as prescribed by a physician, have you ever used, or been connicted for sale or possession of cocase or any other namedic or dept drug? (if yea, complete Drug? Oussionnaise).*  Have you had any benkruptions in the past 7 years or have any soils or judgments pending, application to travel or repute outside of the United States or Conada? (if yea, complete: Supplement for Foruga Nationals or Travel)  L. Do you belong to de intend to you any active or reserve midday or instal organization? (if yea, complete Velacy, States Questionnaise).  j. Do you have a pierent or stibling who deed from cancer or cardiovascular disease prior to page 60? (if yea, provide relaborable) to Proposed Instruccife), age at death and cause of death, and di-		2 E	# O	र्ख व्यं स		्राष्ट्र स्टब्स् स्टब्स् स्टब्स्
increde detable)  C. In the proof System have you copaged at, or do you stand to engage at.  Using as a plot, stadent pick, or crew member, organized rating of an automobile, motorcycle or siny hype of antibe-proceed which, social dyna, mountain desting, hanging plant produces, the only hype of antibe-proceed which, social dyna, mountain desting, hanging disting purelyings, the dynam benegies unapped, or any type of bothy-contact on the Directionary (If yet, complete an Austernitativotal Activities Outstinentary)  If there are with all your destines it keeps subspected or rectine of bethe connected of through the state of the produces of the processor (If yet, complete and function of the processor (If yet, and the state);  If the processor of the processor of the product of the processor of th	provide details )  c. In the past 3 years have you engaged as, or do you intend to engage as:  flying as a pilot, student pilot, or crew member, organized rating of an automobile;  molecupite or any type of molec-powered velacle, soutia dwing, mountain checking, hang:  gliding parachuting, sky dwing bunges jumping, or any type of body-contact of the- flyinalesing spon? [Blyes: complete an Austron/Hazardous Activities Overstromanno )  d. Have you ever had your daters a beansa suspended or revoked or bean connicted of drivings  white impainted or velocitates, or bean connicted in the past 3 years of more base one morning  violation? (Blyes, provide details):  Except as prescribed by a physician, have you ever used, or bean connicted for sale or possession of cocase or any other narrodic or ideast dwin? [Blyes, complete Drug?  Questionisses ).*  I three you had doly bankingtones in the past 7 years or have any swits or judgments pendings.  against your at this page? (Blyes, provide details).  In Do you plan to travel or regade outside of the United States or Canada? (Blyes, complete:  Supplement for Foreign Nationals or Travel)  L. Do you belong to or intend to jour any active or travels intibary or inval organization? (Blyes, complete Al-Mary, States Questionisms).  J. Do you have a parent or stibing who deal from cancer or cardiovascular disease poor to page 60?  (Blyes, provide relationship to Proposed Insured(s), age at death and cause of death, and di-	D 88	ह्य टा टा टा	# O	र्ख व्यं स		्राष्ट्र स्टब्स् स्टब्स् स्टब्स्
In the post 3 years have you empaged any or do you stand to engage are   Bying as a plot, statem plot, or crew member, organized mong of an automobale;   Bying as a plot, statem plot, or crew member, organized mong of an automobale;   Bying as a plot, statem plot, or crew member, organized mong of an automobale;   Bying as a plot, statem plot, or crew member, organized mong of an automobale;   Bying as a plot, statem plot, or crew member, organized mong of an automobale;   Bying as a plot, statem plot, or crew member, organized mong organized mong organized plot, or crew member, organized mong organized mong organized mong organized plot, organ	C. In the past 3 years have you engaged as, or do you stand to engage as.  Bying as a piot, student pilot, or crew member, organized rating of an eutomobile;  microcycle or any type of molor-powered velacle, scalar dwing, mountain chadring, hang:  gliding parachusing, sky driving bunges jumping, or any type of body-contact of literarching parachusing, sky driving bunges jumping, or any type of body-contact of literarching parachusing, sky driving bunges jumping, or any type of body-contact of literarching parachusing, sky driving bunges jumping, and the past 3 years of more fact of driving while impaired or individual as the past 3 years of more fact ore morning violation? (if yea, provide distable):  Except as prescribed by a physician, have you ever used, or been connected for sale or possession of cocases or any other narrostic or idegal dwg? (if yea, complete Dring):  Oursionnave):  I there you had any bankingstons in this past 7 years or have any scalar or judgments pending; any any or have any scalar or judgments pending; any any paraching the foreign historials or litered).  In Do you plan to travel or recide outside of the United States or Canada? (if yea, complete: Supplement for Foreign historials or litered).  L. Do you have a parent or stibling who deal from cancer or cardiovascular disease prior to ope 60? (if yea, provide relationship to Proposed Insured(s), age at death and cause of death, and di-	D 88	ह्य टा टा टा	# O	च इंद्र स	,0	E   C   C   E   E   E   E   E   E   E
Byrog as a plot, student pilot, or crew member, organized mong of an eutomobale:	Clying as a pilot, student pilot, or crew member, organized rating of an automobile; michorcycle or any type of molor-powered vehicle, scular diving, mountain checking, hang: gisting paracturing, king drang bunges jumping, or any type of body-contact or file-flying paracturing. (If yes, complete an Avation/Netandout Activities Obestioenzing)  d. Have you ever had your divers a beense suspended or revoked or been connected of drang white imparted or microsted, or been connected of throng violation? (If yes, provide details):  Except as prescribed by a physician, have you ever used, or been connected for sale or possession of cocanne or any other nations or idegal drug? (If yes, complete Drug? Obestionasse):  I three you had any bankingtions in the past? years or have any souts or judgments pending; apparating the foreign theorem for frame? (If yes, provide details):  In Do you plan to travel or recide outside of the United States or Connada? (If yes, complete: Supplement for Foreign Nationals or Travel)  L. Do you belong to or intend to you any active of travered military or inval organization? (If yes, complete Letters parallel organization of the past of travels or cardionascular disease prior to ope 60? (If yes, provide relationable) to Proposed Insurce(Is), age at death and cause of death, and de-	D 88	ह्य टा टा टा	# O	च इंद्र स	,0	E   C   C   E   E   E   E   E   E   E
motorcycle or stay hype of motor-powered wisels, solical damag, most an ethodry, language, griting practicuting, by doming burges grampon, or any hype of body-consider of the formal practicution of the presence of the power of the post of presence of the power of the power of the post of the power of th	molorcycle or any type of molor-powered vehicles scalar diving, mountain chacking, hang- gisting' parachulang, sky diving bunges jumping, or any type of body-contact or liter- fluralesing sport? (Byth: complete an Assalan/Hatardout Activities Outstomasm)  d. Have you ever had your divines beense suspended or reched or been connocled of drings white impaired or inforcation, or been connocled in the past 3 years of more liber one moring- violation? (Byth, provide details):  e. Except as prescribed by a physician, have you ever used, or been connocled for sale or possession of cocasie or any other narrodic or rilegal drug? (Byth, complete Drug?  Oussionname).*  l. Have you had any benkingtions in the past 7 years or have any sorts or judgments pending).  applications that this type? (Byths provide details).  h. Do you plan to travel or recide outside of the United States or Conada? (Byths, complete: Supplement for Foreign Historials or Travel)  L. Do you belong to or intend to you any active of travered mibbay or instal organization? (Byths, complete Athlery, Styles Questionname).  j. Do you have a pierent or stibling who deed from cancer or cardionascular disease prior to ope 60?  (Byth, provide relationship to Proposed Insurce(s), age at death and cause of death, and di-	8 8 0	Ø 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0:	खं खं	0	ति जि जि
gistory purchases, thy during burges pumping of any type of body-contact of tie- theretecon sport (if yet, complete an Austranitization, Activities Duritismosary)  d lime to great had your diverse beans suspended or rended or been convicted of divings which explained or whose color, in beans suspended or rended or been convicted of divings which explained or whose color, in beans suspended or rended or been convicted of divings which explained or whose color, and the past 1 years of more last or enough which are a rendered by a physician, have your ever used, or been convicted for sale or postessional occuses or any other narrotic or depth drug? (if yes, complete or postessional occuses or any other narrotic or depth drug? (if yes, powrate of past)  e. Eccept has presenced by a physician, have you ever used, or been convicted for sale or postessional occuses or any other narrotic or depth drug? (if yes, powrate of past)  e. Eccept has presenced by a physician has a post of the past of the past of the past of the post of the past of th	gisting "parachuting, sky diving bunges jumping, or any type of body-contact or file- filtratesing sport? [If yet, complete an Assaicon Interdout, Activities Our stremann.)  d. Have you ever had your deners a beans suspended or revoked, or been convicted of driving, white impaired or visionately, or been convicted in the past 3 years of more than one moring violation? (if year, provide details):  e. Except as prescribed by a physician, have you ever used, or been convicted for sale or possession of cocases or any other narrootic or degrid drug? (if year, complete Brug? Oussionnaire).*  l. Have you ever been charged with a violation of any continst lave? (if year, provide details).  filtrate you had any benkingtions in the past? years or have any sorts or judgments pending), applies you had any benkingtions in the past? years or have any sorts or judgments pending), applies you had any tende outside of the United States or Conada? (if year, complete: Supplement for Foruga Nationals or Travel.)  L. Do you belong to devite of the One of testine initiary or initial organization? (if year, complete 44Mary, States Questionnaire).  j. Do you have a parent or stibling who deal from cancer or cardionascular disease poor to one 60? (if year, provide relationship to Proposed Insured(s), age at death and cause of death, and de-	8 8 0	Ø 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0:	खं खं	0	ति जि जि
Developing of the process of the process of the trained of the process of the p	Unralessed spon? [Byes: complete an Austion/Hetardout Activities Ourstinanzino]	8 8 0	Ø 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0:	खं खं	0	ति जि जि
Harre you even had your devert a keans suspended or reached or been connected of demog.	d Hand you ever had your datters beense suspended or revoked or been connected of driving white impaired or interested, or been connected in the past 3 years of more been one moring withsition? (if year, provide details):  Except as prescribed by a physician, have you ever used, or been connected for sale or possessional coccase or any other narrode or degrid drug? (if year, complete Drug? Overstonasse).  It have you had any bentimptones in the past? years or have any sorts or judgments pending; equinal you set been charged with a violation of any contact larg? (if year, provide details).  But you had any bentimptones in the past? years or have any sorts or judgments pending; equinal you at this page? (if year provide details).  Do you plan to travel or reside outside of the United States or Conada? (if year, complete: Supplement for France) to the do you any active or reserve unblacy or raised organization? (if year, complete AFMary States Questionasse).  J. Do you have a parent or stibling who deal from cancer or cardiovascular disease poor to one 60? (if year, provide relationship to Proposed Insured(s), eye at death and cause of death, and di-	8 8 0	Ø 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0:	खं खं	0	ति जि जि
whole inclusion or viscocition, in bear connected in the past 3 years of more manning violation? (if year, provide datable):  B. Ecopy is a presence of year physician, have you ever used, or been connected for sale or prosession of occase or any other introdic or depth doug? (if year, complete Drug):  Destinations by 1.  I. Himm you ever been changed with a problem of any conhectations? (if year, percent or depth of year):  D. Have you had soly betatophose in that past? pears of have any scats or programate pounding.  D. Have you had soly betatophose in that past? pears of have any scats or programate pounding.  D. Dryouthanto travel or recode octated of the United States or Canada? (if year, pounde states):  D. Dryouthanto travel or recode octate of the United States or Canada? (if year, pounde states):  D. Dryouthanto travel or recode octate of the United States or Canada? (if year, pounde states):  D. Dryouthanto a present or stilling which dead from canadar or candon scatter diseases prior to ope 60?  D. Dryouthanto a States of the programment of pears of, if many space is accorded, an additional blank about many be attached,::  There you used belocate or modern an any form on the last 5 years?  D. Dryouthanto and printing the form of pears of, if many space is accorded, an additional blank about may be attached,::  There you used tobecco or modern an any form in the last 5 years?  D. Canada There you used blocatop or modern and pears of, if many space is accorded, an additional blank about may be attached,::  There you used tobecco or modern an any form in the last 5 years?  D. Canada There you used tobecco or modern an any form in the last 5 years?  D. Canada There you used tobecco or modern and pears of, if many space is accorded you be formed to the pears of th	while implacted or inforcation, or bean connected in the past 3 years of more than one morning violation? (if year, provide details):  Except an prescribed by a physician, have you ever used, or been connected for sale or possession of cocase or any other narrotic or degriding? (if year, complete Drug? Overstonnave).  It have you ever been charged with a violation of any control time? (if year, provide details).  Have you had any bentingstoned in the past? years or have any souts or judgments pending: equinal your at this pape? (if year provide details).  In Do you plain to travel or regule outside of the United States or Connecte? (if year, complete: Supplement for France) to the United States or Connecte? (if year, complete: Supplement for France).  In Do you belong to or intend to your any active or intervel emblacy or invalid organization? (if year, complete Affair, States or Questionname).  Judge of the provide relationship to Proposed Insured(s), age at death and cause of death, and if	8 8 0	Ø 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0:	खं खं	0	ति जि जि
**Workston? (if year, provide delate):  **Except as presenced by a physician, have you ever used, or been connected for sale or possessioned cocase or any other instruction of legal drug? (if year, complete Drug):  **Obsticionare**	iditation? (if yes, provide details):  Except as prescribed by a physician, have you ever used, or been connected for sale or possession of cocase or say other narrostic or idegal drug? (if yes, complete Drug? Outstonnaire):  Howe you ever been charged with a violation of any continal tan? (if yes, provide details):  Have you had any bankingtions in the past? years or have any suits or judgments pending; against your at their past? (if yes, provide details):  Do you plain to travel or recide outside of the United States or Canada? (if yes, complete: Supplement for Foruga Nationals or Travel)  L. Do you belong to or intend to you any active or travel unblary or havel organization? (if yes, complete 44Mary States Questionnaire):  J. Do you have a parent or stibling who deal from cancer or cardiovascular disease prior to one 60? (if yes, provide relationship to Proposed Insurce(is), age at death and cause of death, and if	8 8	<u>п</u>	0 0.:	त स स	, O	_ च च
Except as personed by a physician, have you ever used, or been connected for tale or possessional contents or try other named for or legal dwg? (If yes, complete Dug?)  Obstitionarse?  I. Have you ever been charged with a violation of any critical list? (If yes, complete Dug?)  Q. Have you had also beauty blocked that past? Person of have any sorts or polygonoris ponding;  goalinst lost at that past? (If yes, provide delate).  D. Do you had no beauty blocked blocked of the United States or Canada? (If yes, complete).  D. Do you have a person or state of the United States or Canada? (If yes, complete).  D. Do you have a person or statement of Indre!  D. Do you have a person or statement of Indre!  D. Do you have a person or statement of Indre!  D. Do you have a person or statement of Indre!  D. Do you have a person or statement of Indre!  D. Do you have a person or statement of Indress of Intrestify! Age at death and cause of death, and if  If yes, provide the Character of Indress of Intrestify! Age at death and cause of death, and if  T. PROPOSED INSURED:  Have you used to become or nections in any form in the last 5 years?  D. Yes:  D.	Except as presenced by a physician, have you ever used, or been connected for sale or possession of cocasion or any other narcolic or idegal drug? [If yes, complete Drug? Obastorname].  It there you had any bankingtones in the past 7 years or have any sorts or judgments pending?.  But you had any bankingtones in the past 7 years or have any sorts or judgments pending?.  There you had any bankingtones in the past 7 years or have any sorts or judgments pending?.  The population travel or recide outside of the United States or Connect? (If yes, complete: Supplement for Forces Nationals or Travel)  Do you belong to or intend to you any active of testine inhibary or install organization? (If yes, complete APMary, States Questionname).  J. Do you have a pierent or stibling who deal from cancer or cardionascular disease poor to ope 60? (If yes, provide relationship to Proposed Insurcel(s), age at death and cause of death, and if	8 8	<u>п</u>	0: 0: 0:	छ. प्राः	0	त्र द्व
possesson of occases or sing other narrodic or degrid only? (If yes, complete Drug)  Obestimase	possession of cocase or any other narrodic or degal drug? (If yes, complete Drug?  Ovasionnaire).*  I. Have you ever been charged with a violation of any condinal lare? (If yes, provide details).  It have you had any benkingtines in the past? years or have any sorts or judgments pending), applications to take the past? (If yes, provide details).  In Do you plan to travel or respile outside of the United States or Conside? (If yes, complete: Supplement for Foruga Nationals or Travel).  In Do you belong to or intend to you any active or reserve inhibacy or instal organization? (If yes, complete 44Mary States Questionnaire).  J. Do you have a pierent or stibling who deal from cancer or cardionascular disease poor to one 60? (If yes, provide relationship to Proposed Insured(s), age at death and cause of death, and if	8 8	<u>п</u>	0: 0: 0:	छ. प्राः	0	त्र द्व
Observances   *   *	Overstonnesse).*  I. Howe you ever been charged with a violation of any condust law? (if yes, provide details).  It have you had any benkingtons in the past 7 years or have any suits or judgments pending).  aquinst you at this tops? (if yes, provide details).  In Do you plan to travel or require octade of the United States or Conada? (if yes, complete: Supplement for Egrapa Metomats or Travel)  L. Do you belong to or intend to you any active or reserve mistary or rainal organization? (if yes, complete Adding States of Conadas any active or reserve mistary or rainal organization? (if yes, complete Adding States of youthouse as ).  J. Do you have a parent or stilling who deal from cancer or cardionascular diseases prior to age 60?  (if yes, provide relationating to Proposed Insured(s), age at death and cause of death, and di-	0	ට ඒ ක	(): (): ()	र्षः व्यः	ם ם	त्र व
Hinry you ever been charged with a violation of any constall tree* (if yes, provide defaults)	I. Have you ever been charged with a violation of any constail lan? (If yes, provide details):  g. Have you had any benkingtons in the past 7 years or have any soils or judgments pending; aquinal you at this pap? (If yes, provide details):  h. Do you plan to travel or resule outside of the United Stairs or Conada? (If yes, complete: Supplement for Foreign Motionals or Travel):  L. Do you belong to or intend to you any active or interve unblacy or inval organization? (If yes, complete AFMay, Styles Questionairs ):  j. Do you have a parent or stilling who deal from cancer or cardiovascular disease prior to age 60?  (If yes, provide relationship to Proposed Interval(s), age at death and cause of death, and if-	0	ට ඒ ක	(): (): ()	र्षः व्यः	ם ם	त्र व
g. Have you had joy bankupines in the past? years of have any suits or judgments pending:  argainst yous at this pape? (If year, provide delated.)  But you plan to travel or receive outside of the United States or Conada? (If year, complete:  Complete in terms of your say at the or instance milkary or invasid organization? (If year, complete in the paper of the paper)  Do you have a parent or silking this deal from concess or cardiorisactial diseases prior to page 60?  Do you have a parent or silking this deal from concess or cardiorisactial diseases prior to page 60?  If you provide instancials post represent instancial page and death and cause of death, and dispose, provide the page in the deal from concess or cardiorisactial diseases prior to page 60?  If you provide instancial page is the deal from concess or cardiorisactial diseases prior to page 60?  If you provide instancial page is the deal from concess or cardiorisactial diseases prior to page 60?  If you provide instancial page is the deal from concess or cardiorisactial diseases prior to page 60?  If you provide instancial page is the deal from concess or cardiorisactial diseases prior to page 60?  If you provide instancial page is the deal from concess or cardiorisactial diseases prior to page 60?  If you used before our proofine is any form in the bast 5 years?  Determine the page of the page of the cardiorisactial diseases prior to page 10 capan. I have you used before our proofine in any form in the bast 5 years?  Determine the page 10 page 10 capan. I have you used before our moofine in any form in the bast 5 years?  Determine the page 10 page 10 capan. I have you used the page 10 page 10 capan. I have you used to page 10 capan. I have you used	g. Here you had any benkingtons in the past 7 years or have any soils or judgments pending; aquinst you at this pap? (if yes, provide details).  h Do you plan to travel or repute outside of the United Stairs or Conada? (if yes, complete: Supplement for Foreign Metowalts or France).  L Do you belong to or intend to you any active or interve unblacy or inval organization? (if yes, complete APMary Stairs Organization).  j. Do you have a parent or stilling who deal from cancer or cardiorascular disease prior to one 60? (if yes, provide relationship to Proposed Interval(s), age at death and cause of death, and if	0	ට ඒ ක	(): (): ()	र्षः व्यः	ם ם	त्र व
popularia (pas at that page? (If year proveds details)  h Do you plan to travel or secrete outside of the United States or Conada? (If year, compiles:	against your at this pape? (If year provide details.)  h Do you plan to travel or regule outside of the United States or Corocci? (If yes, complete: Supplement for Foreign Nationals or Firstel)  L Do you belong to or intend to your any active or interve unblacy or inval organization? (If yes, complete AFMary Styles Questionname):  j. Do you have a parent or stilling who deal from carcies or cardionascular disease prior to ope 60?  (If yes, provide relationship to Proposed Insured(s), age at death and cause of death, and di-	0	a a	0.	ब्रा ब्रा	Ω	
h Do you plan to travel or serve octacle of the United States or Canada? (if yest, complete:   D.   D.   D.   D.   D.   D.   D.   D	Do you plain to travel or recide outside of the United States or Conada? (if yes, complete: Supplement for Foruga Nationals or Travel)		व	<u> </u>	Ø:	Ω	
Supplement for Foreign Nationals or Foreign  Do you belong to or whend to you any active or insterns unblary or install organization? (Bytes;	Supplement for Foreign Metomats or Travel		व	<u> </u>	Ø:	Ω	
L. Do you belong to de mixed to goes any active or reserve mixes you inval organization? [6] per,	Do you belong to do miend to you any active or reserve unblary or navel organization? [#yes; complete APMany Status Questionnave]  Do you have a parent or slibing into deed from cancer or cardiovascular disease prior to oge 60? [#yes, provide relationship to Proposed Insured(s), age at death and cause of death, and if.				•		<b>a</b> .
Complete Littlery Strips Constituenture	complete APAny Status Questionnaire )  j. Do you have a parent or stibing into deed from cancer or cardionascular disease prior to age 60?  (if you, provide relationship to Proposed Insured(s), age at death and cause of deeth, and if				•		ш.
Do you have a parent or albang into deed from center or cardionascatar discusse prior to age 80?   D   D   D   D   D   D   D   D   D	j. Do you have a parent or slibing into deed from cancer or cardioriscutar disease prior to ope 50? (If you, provide rolationship to Proposed Insured(s), age at death and cause of death, and if		2		<del></del>		
[If yes, provide robboaship to Proposed Interedial, see at death and cause of death, and it cancer, provide type).  Datable to shry yes answere (Indicate name of persock) (If many apase is needed, an additional blank absolutely be elisabled):  The original provides an annual provides an annual provides and the provides of the provides and the provides and the provides of the provides of the provides and the provides of the provides and the provides of the provides and the provides of the p	(if you provide relationship to Proposed Insured(s), upo at death and cause of death, and if	. 4	E4 1				<del>- ~</del>
Canoni, provide type)  Datalist of anylyses answers (Indicate name of persock) (If many appear is needed, an additional blank abust many be attached)::  \$\text{Canonical Logical Total To			1	u	۳		L23
Datable of anylyses answers (Indicate name of persoc). If many apare is needed, an additional blank about pary to effected)::  T. Crany Reach Legiste 1116 Tabural Bash Fraul - Cont.  12. TOBACCO USE /  T. PROPOSED INSURED:  Have you used lobecco or necotine in any form of the bat 5 year?  Diver apacity the form of lobecco or necotine products used:  DIVER APPLIED TO BE INSURED:  Have you used the controller in any form to be last 8 year?  DIVER, specify the form of lobecco or necotine products used:  DIVER, specify the form of lobecco or necotine products used:  DIVER, specify the form of lobecco or necotine products used:  DIVER, specify the form of lobecco or necotine products used:  DIVER, specify the form of lobecco or necotine products used:  DIVER, specify the form of lobecco or necotine products used:  DIVER, specify the form of lobecco or necotine products used:  DIVER, specify the form of lobecco or necotine products used:  DIVER, specify the form of lobecco or necotine products used:  DIVER, specify the form of lobecco or necotine products used:  DIVER, specify the form of lobecco or necotine products used:  DIVERSED  HEIGHT  CURRENT  VERIFIED  REASON FOR WEIGHT GAIN OR LOSS  THE PERSONAL PHYSICAL PHYSICAL  PROPOSED	P POTENT DEPARTS AND P.		. !				
12. TOBACCO USE /  PROPOSED INSURED: Have you used lobecto or nectine in any form in the last 5 year?  Departure of the proposed insured:  Disputish of the proposed insured:	Datain of any year answers findicate name of persons. If more epage is seeded, an additional big	ik she	lose	he atteche	nd.1::		
12. TOBACCO USE /  PROPOSED INSURED:  Have you used tobacco or recoins in any form in the last 5 years?  Disputises of the last 12 months?  I year specify the form of tobacco or recoins products used.  Disputises of the last 12 months?  Disputises of the last 1							
12. TOBACCO USE 1:  1 PROPOSED INSURED:  Have you used lobecco or incoline in any form in the last 5 years?   1 Yes: D No. Lest 12 months? D Yes: D No. Lest 12 months? D Yes: D No. If yes, specify the form of tobacco or incoline products used: D other foliation: D mother products (gern patch, sic.)  1 JOHNISPOUSE PROPOSED INSURED:  Have you used tobacco or incoline in any form in the last 5 years? D Yes: D No. Last 12 months? D Yes: D No. If yes, specify the form of lobacco or incoline in any form in the last 5 years? D Yes: D No. Last 12 months? D Yes: D No. If yes, specify the form of lobacco or incoline in any form in the last 5 years? D Yes: D No. Last 12 months? D Yes: D No. If yes, specify the form of lobacco or incoline products used: D other lobacco D orand.  12 PHYSICAL MEASUREMENTS Y  WEIGHT		•					
12. TOBACCO USE /  3  PROPOSED INSURED:  Have you used lobecco or recotine in any form in the last 5 years?   4 year, specify the form of tobacco or recotine products used:   5  JOHNTISPOUSE PROPOSED INSURED:  Have you used tobacco or recotine in any form in the last 5 years?   10 other lobacco	d. " " " Sool. Compression	<b>4</b> 20	$x_{i,j}$				
PROPOSED INSURED:  Have you used lobocco or recoins in any foom in the last 5 years?   If year, specify the form of tobacco or recoins products used:     Operation   Operatio							
PROPOSED INSURED:  Have you used lobocco or recoins in any foom in the last 5 years?   If year, specify the form of tobacco or recoins products used:     Operation   Operatio	·			•	• •	•	
PROPOSED INSURED:  Have you used lobocco or recoins in any foom in the last 5 years?   If year, specify the form of tobacco or recoins products used:     Operation   Operatio							
Have you used tobacco or recolms in any form in the last 5 years?     Year   17 No   Last 12 months?   17 Year   No	12. TOBACCO USE /						
Syear specify the form of tobacco or recolms products used:						7	
Other lotters   Income products (quin patch, etc.)	Have you used tobacco or mooting in any form in the list 5 years? Di Year: Di No- L	est 12 n	nonths?	7. 🖸 Ye	es 01	No-	
District	if year, specify the form of tobacco or nectins products used.   Government Granding Properties.	ogađ.	0 6	cheving lo	pacco.		ij,
b JORNISPOUSE PROPOSED INSURED: Have you used thereco or nective in any tors in the last 8 years? D. Yes: (I) No. Last 12 months? (I) Yes: (II) No. If yes, specify the form of lobacco or nective products used: (I) other lobacco. (I) pre- (I) organize? (I) Yes: (II) No. If yes: (II) No. Last 12 months? (I) Yes: (II) No. If yes:	☐ other lobyccco ☐ micoline peo	oducis la	pers pa	kris, etc.)			
If year, specify the form of lobacco or ricolose products used:	b Jophuspouse Proposed Insured:					/	
Oher lobacco: Discourse products (gore patch one)  12. PHYSICAL MEASUREMENTS 7  WEIGHT WEIGHT I YEAR AGD REASON FOR WEIGHT GAIN OR LOSS  Proposed frames III III (80 fm. 130 fm.  14. PERSONAL PHYSICAL PROPOSED DISURED JOHNTISPOUSE PROPOSED HOURED ANY CHILD  Manne of Personal Physicals: Decite of Garden.  Address:  Telephone Hamber.  Dave last consisted 07/03	Have you used tobeccommicoline in any form in the last flyeers? D. Yee: Of No. U	291 12 m	onlin's	10 Ye	ns DÉ	No	
Oher lobacco: Discourse products (gore patch one)  12. PHYSICAL MEASUREMENTS 7  WEIGHT WEIGHT I YEAR AGD REASON FOR WEIGHT GAIN OR LOSS  Proposed frames III III (80 fm. 130 fm.  14. PERSONAL PHYSICAL PROPOSED DISURED JOHNTISPOUSE PROPOSED HOURED ANY CHILD  Manne of Personal Physicals: Decite of Garden.  Address:  Telephone Hamber.  Dave last consisted 07/03	If year, specify the form of lobacco or recoons products used: 🔲 againstes. 🔘 pipe 📵 r	ogan.	0 0	chewong to	bacco. I	<b>0</b> 550	di .
HAURED   HEIGHT   CURRENT   1 YEAR AGO   REASON FOR WEIGHT GAIN OR LOSS	☐ other labacco · ☐ nceline pro	ducts (q	on pai	(ch etc)			
HAURED   HEIGHT   CURRENT   1 YEAR AGO   REASON FOR WEIGHT GAIN OR LOSS	13." PHYSICAL MEASUREMENTS ")						
HEIGHT CURRENT I YEAR AGD REASON FOR WEIGHT GAIN OR LOSS PROPOSED MEMBER  IN THE TRANSPORT PROPOSED MEMBER  FROM DEC DESCRIPTION  FROM DEC DE DECRIPTION  FROM DEC DE DECRIPTION  FROM DEC DE DECRIPTION  FROM DECRIPT	WEIGHT						
Proposed Sesting 5 In 180 St. 130 St.  18- PRINCOLAL PHYRIDING PROPOSED DEBURED JOHNTSPOUSE PROPOSED MOURED ANY CHILD  Name of Personal Physics 1: Dec. 160 St. 18374  Telephone Humber: Date State Consider 18374		EASON	FOR W	ലങ്ങ വ	AIN OR I	.0S3	j
Technology Physics   Proposed District   Johntspouse Proposed Haured   Antiched    Name of Personal Physics   De. Visit of Gracker    Address   Technology   Technology    Technology   Payables    Dave last consider   On /0-3							
PROPORED PROPOSED HAURED  Name of Personal Physician:  De. VIET of Cracker  Address:  Telephone Hamber.  Date Last consider  On 10-3							
Marine of Personal Physician: De, yet are Garden:  Address:  Telephone Hamber.  Date last consider 01/03		1 Mary 2 4 5 7 7	11 70 70 70	<del>,</del>			
Address: Telephono Hamber. Date last consider  On/on	Y PROPUSED MAURED JOHNTSPOUSE PROPOS		URED	<del></del>	VIII CHI	<u>rp</u>	[
Telephony Hamber. Date last consided 07/03	HALLE OF LANDSCORP. De Arex en Canadas.			<u> </u>	· <u>· · · · · · · · · · · · · · · · ·</u>		
Telephone Namber: Date last consided on /0-3			:	J			- }
Telephone Namber: Date last consided on /0-3				<u></u> _			1
	Telephone Humber.						
	Date last consulted 01/03		i	i		_	7
round with the second of the	Reason birt consuled: Klank state.						$\neg$
Instituted given or medicabor	Instinunt gren or medication						-1
Instituted given or metication - Medication - Predentianic	ABROADEL ASSESSMENT ASSESSMENT TO THE STATE OF THE STATE		1				- 1
	-4738-21 Page X						

	·	- 1 mm							
III MEDIC	AL QUESTIONS /				,	-			
" ill respection	no are to be Envisored	lw each Pennoess Imen	red. For each yes answer, circle the			YOU	TISPOUSE		
All QUESTION	ilican and provide data	De la SST		1.100	OSED		DPOSED	1	YHY
appropriate	i trest area broado estra	H.J. 41 (2000)		IN ST	JRED	1	SURED.	1.0	ים שר
To the best	i of your knowledge and	Desett uss smalles for	proposed for insurance consulted a	<u>'</u>		1 150	JUITED.	-	
	he picocal protestion to	x, been bezied kx, later	resolection for, or base disgnessed as	Yes	No	Ye	a No	Ye	1 - No
having ·	1						/	4	
a AUS!/	Acquired Immone Deboar	acy Synorome), or recent	- committy Viting to exist or entition		72		3 O.	1 5	. 07
immene	odeficiency Visual lest us	no tra ELISA-ELISA-We	siem Blot Testing Sequence?	1	•	1		1	
b Hamid	General and who have all	ack anoma or other the	st pare, high blood pressure, shormers		7		7		1 2
1 110210	the make to be a first of the contract of the	and the part of the own	or describer of the heart or blood			_	_		
		min. binement of sail on	Of Order Oct of 1923 195 mar on process.	1		1		1	
102257	71		<del></del>	1 6	ď	1 -	1	1-0	1 0
a Headac	heв, золить, араграу, з	utoke, Althemer's deseas	ra, Partensocia disessa, moltipla:	1 0	014	! "		1 5	144
sclaros	s, or may other braza or th	HACK OFFICE S.		<del> </del> -	/-	<del></del>		<del> </del>	
d Dapress	don, neurona, allectiva d	bsorder, psychosia, or on	ofiser grantal disorder?		·Œ,	<u>                                     </u>			<u> </u>
e Astheru	emphyseus, chrococ bri	onchilis, luberculosts, or s	ony other disease of the lungs or :		ď		<b>2</b> .	) 0	ı ø
	ory system?	• • • • • • • • • • • • • • • • • • • •	•	1	,	i		1	,
I CoNts to	Alma marcallant directors	metablished or any of	her elsa zoa or disorder of the -		10.	D			ď
		tomarademily in en) in	fante ambitional de des republicados de trans.	ı –	٠.	~		i -	_
#300mmg	us a dessive taci?			1 0.	18	П	<b>17</b> .	0	雨
8 ջոնու՝ Ն	HOPERA OF DIOCES HE FAST DIVI	H, logney slones, sensit	y transmitted disease, or any other	U.	100	ı u	ш.	.⊔	127
		r' madica' biorgapa' passi	d, coloury tract or reproductive.	I	,	ì		i	
system?				<u> </u>	-/-			ļ.—	
h Diaboles	r, bepaller, comoses or ex	ny other discase of the fiv	ar, pancreas, or byroid?"		ď,		(2)		IZ,
Cannot	or any suplement of burs	or turnor or cyst. or any t	hronic disease of the star or lymph-		CΣ		呀		
ofenda?		<b>-</b>	,	1	٠,		-	1	
	also, maked adhesis are	manera as amongolati	i or chronic back or muscle .		Z	<u> </u>	Ľ		III-
		schoopper or any hereived	Of district north is 100004.	_	~. 1		-	-	ш,
dinistron		2 5 1 5		-	<b>8</b> .1		10.		~
1. Alondoks	ra, parache edificion, da	al fair or proposed source		풉				무	- <del>1</del> 2
Ange	acte of physicists of the light	M. Self. Dose Selferal I		<u> </u>	U.		d		_14_
S. SUPPLE	MENTAL MEDICAL INF	ORMATION		***					
all mileting	i ere ta ha serument ha	sard Newscand Bid Still	For each yes answer circle the			JOHN	SPOURE I		
Al collections	ars to be answered by	each Proposed Militie	. For each yes answer, circle the	PROPO			SPOUSE MISED:		NY.
appropriate it	anciet ebirord bres resi	in#17	·	PROPO RUSIN		PROP	MSED.		NY. ILD
appropriate it. To the best of	anciet ebirord bres resi	in#17	<ol> <li>For each yes answer, circle the era, has physical bare proposed for</li> </ol>	PUSUR	ED:	PROP UNSU	IREO	CH	LD -
appropriate it. To the bast of	tion and provide delate of your knowledge and I	in#17 belief, in the past 6 ye	ers, has anyone here proposed for	PASUR Yan,	ED:	PROP INSU Yes	POSED: SRED No	CH Yes	LD No
appropriate it To the best of unurance.  a Complex	tion and provide delate of your knowledge and i it or been exampled or in	in #17 belief, in the past 5 year ented by any physician, c	ers, has pryone here proposed for histography, or other medical:	PUSUR	ED:	PROP UNSU	IREO	CH Yes	LD -
appropriate it. To the best of unsurance.  a Consulto practions	uten and provide details of your knowledge and it d, or been examined of in or or by any bosotal, this	in #17 belief, in the past 5 year rated by any physician, t in or other made at facility	ers, has physical here proposed for histopractor, or other medical post stready disclosed on this:	PASUR Yan,	ED:	PROP INSU Yes	POSED: SRED No	CH Yes	LD No
appropriate it To the best of structures.  a Consider precision application	ulen and provide detain of your knowledge and d, or been examined of in or or by any bospital, christ? If it was for a "check	in A17. belief, in the past 6 year rated by any physician; o in, or other modest facility up", accord physical, em	ers, has pryone here proposed for histography, or other medical:	PASUR Yan,	ED:	PROP INSU Yes	POSED: SRED No	CH Yes	No.
appropriate it To the best of singurance.  a Consider precision application and give it	thin and provide details of your knowledge and it is, or been examined or in or or by any boopts, chn of the was for a "check finding and seculity of it!	in #17.  belief, in the past 5 yes  ented by any physicien; t  ented by any physicien; t  ented by any physicien; t  tpl, account physical, em;  7)	trs, has anyone here proposed for histopractor, or other medical: y not already disclosed on this: physical, etc., so status	Yes, Od.	ED 6	PROF INSU Yes	OSED: JRED: No.	Yes	No □
appropriate it To the best of insurance.  a Complies praction application and give it b. Hard arms	then and provide details of your knowledge and it if, or been examined or in or or by any bospital, chi of if it was for a "check finding and seating in it!	in #17. bellet, in the past 5 yes coled by any physicien; to up, or other medical facility up, account physical, em 1) propersion and shearly de-	ers, has anyone here proposed for histopractor, or other medical: y not shrendy disclosed on thesi- physical physical etc., so status	Yes, Od.	ED 6	PROF	POSED: PRED No ET.	Yes	LD
appropriate it To the best of insurance.  a Complies praction application and give it b. Hard arms	then and provide details of your knowledge and it if, or been examined or in or or by any bospital, chi of if it was for a "check finding and seating in it!	in #17. bellet, in the past 5 yes coled by any physicien; to up, or other medical facility up, account physical, em 1) propersion and shearly de-	ers, has anyone here proposed for histopractor, or other medical: y not shrendy disclosed on thesi- physical physical etc., so status	Yes, Od.	ED:	PROF INSU Yes	OSED: JRED: No.	Yes	No □
appropriate it To the best of supersons a Consultat precision application and give it b. Hard any s c. Hed any s	then and provide details of your knowledge and it is or been examined or in or by any hospital, clin or fift was for a "check findings and standig of it; instant, deported wang, or any, electric antiques	in #17. bellet, in the past 5 yes coled by any physicien; to up, or other medical facility up, account physical, em 1) propersion and shearly de-	trs, has anyone here proposed for histopractor, or other medical: y not already disclosed on this: physical, etc., so status	Yes, OBT		PROF	POSED: PRED No ET.	Yes	LD
appropriate it. To the best of inpurance.  a Consulting practions application and give it. b. Hard any it. c. Hed any it this application.	tion and provide detains of your knowledge and it is so been examined or in or by any bospeat, christing and examined in it is in the free of the was for a "check freeing and examine in it is in a second to the charge, electricand opposite the provide of the charge, electricand opposite the charge of the char	in #17.  belief, in the past 6 year  ented by any physician, is  c, or other medical facility  po", anoual physicial, em;  1)  c operation not already a  c, or other medical facility  c, or other medical facility  c, or other medical facility	irs, has anyone here proposed for hiropractor, or other medical: y not strendy disclosed on ites: physical physical etc., so status Endored on the perfection? for reasons not already disclosed on	Yes, OBT		PROF	POSED:	Yes	Ko □
appropriate it. To the best of supersons.  a Consultant practition application and give it.  b. Hard any it.  c. Hed any it.  this application and give it.  d. data model.	thin and provide details of your knowledge and it is only beginning or in it is only beginning and it is only beginning and examined or in it is only in it	in #17.  belief, in the past 5 years  ented by any physician, is  en, or other medical facility  to a novel physicial, em  7)  g operplace not absent a  g, or other mention training  y surpery, hospitalization	ers, has anyone here proposed for histopractor, or other medical: y not shrendy disclosed on thesi- physical physical etc., so status	Yes, OBT	ED 6	PROF	POSED:	CHI Yes	1LD .
appropriate it. To the best of unpurpose.  a Consultar precision application and give it. b. Had any it. c. Hed any it its application of data make open its application of the second o	tion and provide detains of your knowledge and it is on been examined or in or by any begatal, charge fifth was for a "check findings and sending milli-like and, deproved a page (1999), electrical deposition of the passing first years and sending	in #17. heles, in the past 5 year ented by any physician; o ic, or other medical facility ips, account physicial, em; 1) or operphonisted alternity is, or other medical less is y surpery, hospitalization not reconsoit?	trs, has physical here proposed for himpractur, or other medical: y not already disclosed on this: physical physical etc., so status budged on this application? or reasons not already disclosed on , treatment or tost that was not	Yesun Yes, I O		PROF	POSED:	CHI Yes	No D
appropriate it. To the best of unpurpose.  a Consultar precision application and give it. b. Had any it. c. Hed any it its application of data make open its application of the second o	tion and provide detains of your knowledge and it is on been examined or in or by any begatal, charge fifth was for a "check findings and sending milli-like and, deproved a page (1999), electrical deposition of the passing first years and sending	in #17. heles, in the past 5 year ented by any physician; o ic, or other medical facility ips, account physicial, em; 1) or operphonisted alternity is, or other medical less is y surpery, hospitalization not reconsoit?	ers, has anyone here proposed for histopractor, or other medical y not skeady disclosed on this physical physical etc., so status included on this separation? for reasons not already disclosed on these and or lost that was not d, an addenose block sheet may be att.	Yes, O	ED No.	PROPULSUS TO SERVICE S	POSED:	CHI Yess	LD     No     D     D
appropriate it. To the best of unpurpose.  a Consultar precision application and give it. b. Had any it. c. Hed any it its application of data make open its application of the second o	tion and provide detains of your knowledge and it or been examined or in or by any booptet, chin of fift was for a "check finding and sending mill," transp., decreased mill, (rays, electricante group arten? it of you have an it or years a first you have the kitting at 15 you have the kitting at 15 you have	in #17.  belief, in the past 6 years and by any physician, is an order modest facility up, amount physicial, em, 27  are speculated not almostly of a colour mention to almostly and income and a colour mention and tracers and a colour mention.  If more space is need to a colour and a colour	trs, has anyone here proposed for himprache, or other medical: y not already disclosed on this polyment physical etc., so status bridged on this polyment physical etc., so status bridged on the status of the proposed on the status of the st	Yes, Od To O	ED (b)	PROPULSUS OF THE PROPULS OF THE PROPULSUS OF THE PROPULSUS OF THE PROPULSUS OF THE PROPULS OF THE PROPULSUS OF THE PROPULS OF THE PROPUL	POSED: IRED No.	CHI Yess	LD     No     D     D
appropriate it. To the best of unpurpose.  a Connober praction application and gives by. Hard any it this application of desamined completes.  37. OCEARS.	iden and provide detains of your knowledge and it is on been examined or in it or by any bospital, christ first was for a 'check finding and sending in #1. Handle and its results first you have an item prescript first your first fi	in #17. heles, in the past 5 year ented by any physician; o ic, or other medical facility ips, account physicial, em; 1) or operphonisted alternity is, or other medical less is y surpery, hospitalization not reconsoit?	ers, has anyone here proposed for histopractor, or other medical y not skeady disclosed on this physical physical etc., so status included on this separation? for reasons not already disclosed on these and or lost that was not d, an addenose block sheet may be att.	Yes, Od To O	ED (b)	PROPULSUS OF THE PROPULS OF THE PROPULSUS OF THE PROPULSUS OF THE PROPULSUS OF THE PROPULS OF THE PROPULSUS OF THE PROPULS OF THE PROPUL	POSED: IRED No. II.	CHI Yess	LD     No     D     D
appropriate it. To the best of unpurpose.  a Connobin procedure procedure application and give it. b. Had any it this application of disampted disampted it. CETAR 3 CHISTORY &	iden and provide detains of your knowledge and it is on been examined or in it or by any bospital, christ first was for a 'check finding and sending in #1. Handle and its results first you have an item prescript first your first fi	in #17.  belief, in the past 6 years and by any physician, is an order modest facility up, amount physicial, em, 27  are speculated not almostly of a colour mention to almostly and income and a colour mention and tracers and a colour mention.  If more space is need to a colour and a colour	trs, has anyone here proposed for himprache, or other medical: y not already disclosed on this polyment physical etc., so status bridged on this polyment physical etc., so status bridged on the status of the proposed on the status of the st	Yes, Od To O	ED (b)	PROPULSUS OF THE PROPULS OF THE PROPULSUS OF THE PROPULSUS OF THE PROPULSUS OF THE PROPULS OF THE PROPULSUS OF THE PROPULS OF THE PROPUL	POSED: IRED No. II.	CHI Yess	LD     No     D     D
appropriate it. To the best of impraces.  a Consultation processory of the send give it. b. Had any it. c. Hed any it. this appear of farances of farances of the send of the	iden and provide details of your knowledge and of, or been examined or in or by any booptet, chin of? (If I was for a "check finding and sending in II") it was for a "check finding and sending in II") it was a "check finding and sending in II" it was for a "check finding and a "	in #17.  belief, in the past 6 yearseled by any physician, is, or other medical facility up*, anoual physicial, em; 27)  or openhed not almostly of a colour medical tasts for other medical tasts for other medical tasts for other medical tasts for other medical tasts for the medical tas	irs, has anyone here proposed for histopractor, or other medical: post shandy disclosed on these physical etc., so state: Ecological on the second or other second on the second or other second or othe	Yes,  Of:  Compared to the com	io CI	PROF	POSED: IREO No II.	CHI Yess	LD     No     D     D
appropriate it. To the best of unpurpose.  a Connobin procedure procedure application and give it. b. Had any it this application of disampted disampted it. CETAR 3 CHISTORY &	iden and provide detains of your knowledge and it is on been examined or in it or by any bospital, christ first was for a 'check finding and sending in #1. Handle and its results first you have an item prescript first your first fi	in #17. heliel, in the past 6 years heliel, in the past 6 years from the past 6 years of or	trs, has anyone here proposed for himprache, or other medical: y not already disclosed on this polyment physical etc., so status bridged on this polyment physical etc., so status bridged on the status of the proposed on the status of the st	Yes,  Of:  Compared to the com	io CI	PROF	POSED: IREO No II.	CHI Yess	LD     No     D     D
appropriate it. To the best of impraces.  a Consultation processory of the send give it. b. Had any it. c. Hed any it. this appear of farances of farances of the send of the	iden and provide details of your knowledge and of, or been examined or in or by any booptet, chin of? (If I was for a "check finding and sending in II") it was for a "check finding and sending in II") it was a "check finding and sending in II" it was for a "check finding and a "	in #17.  belief, in the past 6 yearseled by any physician, is, or other medical facility up*, anoual physicial, em; 27)  or openhed not almostly of a colour medical tasts for other medical tasts for other medical tasts for other medical tasts for other medical tasts for the medical tas	irs, has anyone here proposed for histopractor, or other medical: post shandy disclosed on these physical etc., so state: Ecological on the second or other second on the second or other second or othe	Yes,  Of:  Compared to the com	io CI	PROF	POSED: IREO No II.	CHI Yess	LD     No     D     D
appropriate it. To the best of impraces.  a Consultation processory of the send give it. b. Had any it. c. Hed any it. this appear of farances of farances of the send of the	iden and provide details of your knowledge and of, or been examined or in or by any booptet, chin of? (If I was for a "check finding and sending in II") it was for a "check finding and sending in II") it was a "check finding and sending in II" it was for a "check finding and a "	in #17. heliel, in the past 6 years heliel, in the past 6 years from the past 6 years of or	irs, has anyone here proposed for histopractor, or other medical: post shandy disclosed on these physical etc., so state: Ecological on the second or other second on the second or other second or othe	Yes,  Of:  Compared to the com	io CI	PROF	POSED: IREO No II.	CHI Yess	LD     No     D     D
appropriate it. To the best of impraces.  a Consultation processory of the send give it. b. Had any it. c. Hed any it. this appear of farances of farances of the send of the	iden and provide details of your knowledge and of, or been examined or in or by any booptet, chin of? (If I was for a "check finding and sending in II") it was for a "check finding and sending in II") it was a "check finding and sending in II" it was for a "check finding and a "	in #17. heliel, in the past 6 years heliel, in the past 6 years from the past 6 years of or	irs, has anyone here proposed for histopractor, or other medical: post shandy disclosed on these physical etc., so state: Ecological on the second or other second on the second or other second or othe	Yes,  Of:  Compared to the com	io CI	PROF	POSED: IREO No II.	CHI Yess	LD     No     D     D
appropriate it. To the best of impraces.  a Consultation processory of the send give it. b. Had any it. c. Hed any it. this appear of farances of farances of the send of the	iden and provide details of your knowledge and of, or been examined or in or by any booptet, chin of? (If I was for a "check finding and sending in II") it was for a "check finding and sending in II") it was a "check finding and sending in II" it was for a "check finding and a "	in #17. heliel, in the past 6 years heliel, in the past 6 years from the past 6 years of or	irs, has anyone here proposed for histopractor, or other medical: post shandy disclosed on these physical etc., so state: Ecological on the second or other second on the second or other second or othe	Yes,  Of:  Compared to the com	io CI	PROF	POSED: IREO No II.	CHI Yess	LD     No     D     D
appropriate it. To the best of impraces.  a Consultation processory of the send give it. b. Had any it. c. Hed any it. this appear of farances of farances of the send of the	iden and provide details of your knowledge and of, or been examined or in or by any booptet, chin of? (If I was for a "check finding and sending in II") it was for a "check finding and sending in II") it was a "check finding and sending in II" it was for a "check finding and a "	in #17. heliel, in the past 6 years heliel, in the past 6 years from the past 6 years of or	irs, has anyone here proposed for histopractor, or other medical: post shandy disclosed on these physical etc., so state: Ecological on the second or other second on the second or other second or othe	Yes,  Of:  Compared to the com	io CI	PROF	POSED: IREO No II.	CHI Yess	LD     No     D     D
appropriate it. To the best of impraces.  a Consultation processory of the send give it. b. Had any it. c. Hed any it. this appear of farances of farances of the send of the	iden and provide details of your knowledge and of, or been examined or in or by any booptet, chin of? (If I was for a "check finding and sending in II") it was for a "check finding and sending in II") it was a "check finding and sending in II" it was for a "check finding and a "	in #17. heliel, in the past 6 years heliel, in the past 6 years from the past 6 years of or	irs, has anyone here proposed for histopractor, or other medical: post shandy disclosed on these physical etc., so state: Ecological on the second or other second on the second or other second or othe	Yes,  Of:  Compared to the com	io CI	PROF	POSED: IREO No II.	CHI Yess	LD     No     D     D
appropriate it. To the best of impraces.  a Consultation processory of the send give it. b. Had any it. c. Hed any it. this appear of farances of farances of the send of the	iden and provide details of your knowledge and of, or been examined or in or by any booptet, chin of? (If I was for a "check finding and sending in II") it was for a "check finding and sending in II") it was a "check finding and sending in II" it was for a "check finding and a "	in #17. heliel, in the past 6 years heliel, in the past 6 years from the past 6 years of or	irs, has anyone here proposed for histopractor, or other medical: post shandy disclosed on these physical etc., so state: Ecological on the second or other second on the second of the	Yes,  Of:  Compared to the com	io CI	PROF	POSED: IREO No II.	CHI Yess	LD     No     D     D
appropriate it. To the best of impraces.  a Consultation processory of the send give it. b. Had any it. c. Hed any it. this appear of farances of farances of the send of the	iden and provide details of your knowledge and of, or been examined or in or by any booptet, chin of? (If I was for a "check finding and sending in II") it was for a "check finding and sending in II") it was a "check finding and sending in II" it was for a "check finding and a "	in #17. heliel, in the past 6 years heliel, in the past 6 years from the past 6 years of or	irs, has anyone here proposed for histopractor, or other medical: post shandy disclosed on these physical etc., so state: Ecological on the second or other second on the second of the	Yes,  Of:  Compared to the com	io CI	PROF	POSED: IREO No II.	CHI Yess	LD     No     D     D
appropriate it. To the best of impraces.  a Consultation processory of the send give it. b. Had any it. c. Hed any it. this appear of farances of farances of the send of the	iden and provide details of your knowledge and of, or been examined or in or by any booptet, chin of? (If I was for a "check finding and sending in II") it was for a "check finding and sending in II") it was a "check finding and sending in II" it was for a "check finding and a "	in #17. heliel, in the past 6 years heliel, in the past 6 years from the past 6 years of or	irs, has anyone here proposed for histopractor, or other medical: post shandy disclosed on these physical etc., so state: Ecological on the second or other second on the second of the	Yes,  Of:  Compared to the com	io CI	PROF	POSED: IREO No II.	CHI Yess	LD     No     D     D
appropriate it. To the best of impraces.  a Consultation processory of the send give it. b. Had any it. c. Hed any it. this appear of farances of farances of the send of the	iden and provide details of your knowledge and of, or been examined or in or by any booptet, chin of? (If I was for a "check finding and sending in II") it was for a "check finding and sending in II") it was a "check finding and sending in II" it was for a "check finding and a "	in #17. heliel, in the past 6 years heliel, in the past 6 years from the past 6 years of or	irs, has anyone here proposed for histopractor, or other medical: post shandy disclosed on these physical etc., so state: Ecological on the second or other second on the second of the	Yes,  Of:  Compared to the com	io CI	PROF	POSED: IREO No II.	CHI Yess	LD     No     D     D
appropriate it. To the best of impraces.  a Consultation processory of the send give it. b. Had any it. c. Hed any it. this appear of farances of farances of the send of the	iden and provide details of your knowledge and of, or been examined or in or by any booptet, chin of? (If I was for a "check finding and sending in II") it was for a "check finding and sending in II") it was a "check finding and sending in II" it was for a "check finding and a "	in #17.  heliel, in the past 6 years heliel, in the past 6 years of proceeding to the past 6 years of the past 6 years of the past of the	irs, has anyone here proposed for histopractor, or other medical: post shandy disclosed on these physical etc., so state: Ecological on the second or other second on the second of the	Yes,  Of:  Compared to the com	io CI	PROF	POSED: IREO No II.	CHI Yess	LD     No     D     D
appropriate it. To the best of impraces.  a Consultation processory of the send give it. b. Had any it. c. Hed any it. this appear of farances of farances of the send of the	iden and provide details of your knowledge and of, or been examined or in or by any booptet, chin of? (If I was for a "check finding and sending in II") it was for a "check finding and sending in II") it was a "check finding and sending in II" it was for a "check finding and a "	in #17.  heliel, in the past 6 years heliel, in the past 6 years of proceeding to the past 6 years of the past 6 years of the past of the	irs, has anyone here proposed for histopractor, or other medical: post shandy disclosed on these physical etc., so state: Ecological on the second or other second on the second of the	Yes,  Of:  Compared to the com	io CI	PROF	POSED: IREO No II.	CHI Yess	LD     No     D     D
appropriate it. To the best of impraces.  a Consultation processory of the send give it. b. Had any it. c. Hed any it. this appear of farances of farances of the send of the	iden and provide details of your knowledge and of, or been examined or in or by any booptet, chin of? (If I was for a "check finding and sending in II") it was for a "check finding and sending in II") it was a "check finding and sending in II" it was for a "check finding and a "	in #17.  heliel, in the past 6 years heliel, in the past 6 years of proceeding to the past 6 years of the past 6 years of the past of the	irs, has anyone here proposed for histopractor, or other medical: post shandy disclosed on these physical etc., so state: Ecological on the second or other second on the second of the	Yes,  Of:  Compared to the com	io CI	PROF	POSED: IREO No II.	CHI Yess	LD     No     D     D
appropriate it. To the best of impraces.  a Consultation processory of the send give it. b. Had any it. c. Hed any it. this appear of farances of farances of the send of the	iden and provide details of your knowledge and of, or been examined or in or by any booptet, chin of? (If I was for a "check finding and sending in II") it was for a "check finding and sending in II") it was a "check finding and sending in II" it was for a "check finding and a "	in #17.  heliel, in the past 6 years heliel, in the past 6 years of proceeding to the past 6 years of the past 6 years of the past of the	irs, has anyone here proposed for histopractor, or other medical: post shandy disclosed on these physical etc., so state: Ecological on the second or other second on the second of the	Yes,  Of:  Compared to the com	io CI	PROF	POSED: IREO No II.	CHI Yess	LD     No     D     D

L-4735-21

# 001785710006

-	nt	4	•	
иα	MI	п		

#### 18. TAXPAYER IDENTIFICATION HUMBER

Under the interest and Divisiond Compliance Act of 1930, persons owning missance policies are required to provide the Company with certification that their taxpayer identification number is correct. (For most individuals, their special Security Number.) If you do not provide us with certification of this number, you may be subject to a \$50 penalty imposed by the Internal Reviews Service. In addition, we will be forced to withhold 31% from interest and other payments we make to you (known as backup withholding). It is not an additional tax, since the amount withheld may be applied against any lax you own. If withholding results in an everpayment of taxes, a refund may be available.

Check his box with internal Revenue Service has notified you that you are subject to backup withholding

Otherwise, your squakers on this application is certificated that the tampayer identification number on this application is true, correct, and complete. The informal Revenue Service closs not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

19. SPECIAL INSTRUCTIONS (Il mon space is medial, an additional blank sheel may be ettached.)

L-1736-21

APR 26 '84 17:58 FR THE REICH AGENCY 1 248 283 9869 TO 16146776189 P.82/02



1.034804300

# AMENDMENT OF APPLICATION FOR INSURANCE TO NATIONWIDE LIFE INSURANCE COMPANY COLUMBUS, OHIO 43215

I hereby smend my application for insurance to the Nationwide Life Insurance Company on the life of Hary Lamiloff dated November 11, 2003 as follows:

The policy was issued with Non-Tobacco rates.

I hereby agree that these changes shall be an amendment to and form a part of the original application and of the policy issued thereunder, if any.

Signed at 

On 

F Z 6 , Z 6 O

MUNTE, DAY YEAR

X SIDNATURE OF PROPOSITO PROPINED

SUDMATION OF PROPOSED PROVISIO OF OTREGUESES IN TRANS. ACM 10) Gary Lupiloff OR OTHER THAN ENCYCLE HEROTERN

Gary Lupiloff

Witness X.

(KENLYLINGREDATYLIKED)

RETURN ORIGINAL SIGNED COPY TO NATIONWIDE

**DUPLICATE** 

Name of Proposi

Med To: 25 Nationwide Life Insurance Company

Rationwide Life and Annuity Insurance Company

Life Underwriting COLI/80LI, 1-11-08 Corp

P.O. Box 162835 One Nationwide Piaza P.O. Box 8026

## **MEDICAL EXAMINATION**

(Part 2 of an application to Nationwide Insurance

3	Columbus, OH 43218-2835 1-866-678-LIFE (5433)	Columbus, OH 43215-2220	Dublin, OH 430	16-99	IJ	fc	or Life or Health Insurance)
	ne of Proposed Insured (please print)	piloff	Social Security				Date of Birth
Phy	siciane: Include both primary care and spec	alists and date last consulled. (I	l more than two pl	rysicie	ns, in	<b>ต่</b> ะส <sub>ี</sub> ย รถ บ	nder deleds".)
Nan	no Dr. Victor C. Gard	<u>~~</u> ,	lame	_			
	liess 28100 Gd Rover	Proc A	ග්රිතදෑන				
	ephone 245-471-3844		elections				
	Ital specialty Phys Medicine		ledical specialty				
n-te	e and reason last consulted 1/ 1/21 03		ate and reason la	ed mon	uitled	1	
							- badad and destroy Civilate in
	rent medications to include prescription, overage and frequency	er-ma-counter medication taken (	regularry, oletary s	цррію	nenn	, naprar (	or nerver medicarons. Give wellie
DI C	usago and inclouding	10,000					
	a you ever had any indication of, been ev	haterd to hearmedly helest	by a madical			DETAIL	B of yes answers, identify
	s you gow that may assume that or, beat as: leasional for:	tracent the propert of the start	n) a metros	Ye	No		number. Circle applicable flama.
	Heart disease, including heart allack, engine	or chest pain, shortness of breat	i, cardoniyopathy,			include d	Ragnosis and name and address
	concestive heart tellure, heart murmur, or t	alvular heart diseasa, congenital			1		al provider(a) consulted. (Use
	other disorders of the heart?					pagaza	edditional apaca is needed.)
	trreguler heert beet, palpitations, high blood				200	1	
C.	Heart catheletization, abnormal electrocard surgery, or anglopiasty?		ronary bypasa		ъ	1	
· 2.	Aneurysm, carotid artery disease, deep ver	ous thromboals, phlebilis, peripl	eral vascular		,		
	disease, any other disorder of the blood ve-	isale, or pulmonery embolism?			<b>12</b>	j •	
3a_					OI .		
· b.					ď	l	
481					Ø		
b.	Any abnormal screening lests for cancer inc manufacture, or PAP smears?				ø		
5.	AIDS (Acquired Immune Deficiency Syndro						
	immunodesicioncy Virus) lest using the ELX				מ		
6.	Disorder of the blood including enemia, sick				И		
7	other disorder of the red blood cets, platete Stroke, TIA, paralysis, epilepsy, seizures, fa	•			-		
1.	retardation, carebral palsy, multiple actions.				ړ		
	disease), or any other symptoms or disorder	s of the nerves or brein?			न्त्री		
8a.	Asthma, emphyserna (COPD), tuberculosis,				Y,		
	Persistent houseness or cough, an abnorm				Ħ.		
88.	Uicer, intestinal bleeding, ulcerative colitia, C				ار		
	disorder of the exophagus, stomach, or inter				R)		
	Jaundice, cirrhosia, hepalitia, or any disease				Ø		
10a.	Sugar, protein, or blood in the urine, lidney:	-	ory of	177	3		
L	nephreciomy?		ine medern?		8		
	Reproductive system including uterine filmsk			Ö	~		
	Prostate enlargement, prostate concer, testic			0			
	Other decorder of the reproductive organs or						
12	Disorder of the muscles, Joints, bones, lendons	: loomante and femos anna re	hack including	_	-1		
	arthritis, fracture, chronic pain, or homisted d	isc, chronic laligue syndrome, or	fibromyalqia?	Ο.	5		
	Disease of eyes, ears, note, or throat?				ΜĮ		
	Psychological or psychiatric disorders includi						
	compulsive disorder, achizophrenia, attension				.1		
	disorder, or any other mental or behavioral di				<b>!</b>		
	Alcoholism, drug dependency or addiction?				<u> </u>	•	
15. /	Any other mental or physical disease or disor	der not listed above?					

L-4593-21

Page 1

(04/2002)

	Nationwid					AL E			
Natio	onwide Life :	and Annuity Insurance Company	y (Part 2 (co	niinued) of a	n application	to Nati	onwic	to insurance for Life or	r Heelth Insuranc
Have y	you in the pa	let 10 years:				Yes			<del></del>
16a. E	Been a patier medical fadili	nt (including outpatient) in a hospit by?	ls), clinic, mental hea	lith facility, or	other	. 0			
b. (	Consulted or	been referred to any physician no	t listed above?						
c. E	Been advisad	lo hava surgery, hospitalization, i	testing, or treatment.	that was not i	completed?,	. 🛛		•	•
17aL	Used tobacco	? (If yes, specify dates and form	of tobacco used.)				Ø		
b. L	Used alcohoti	c beverages? (If yes, how much,	what kind (beer, win	e, Bauar), hay	v often?)	. 12		occasional-so	$\sqrt{z_{i}z}$
a U	Jsed any ilog provide detalla	al, restricted, or controlled substance	ce axcept as prescrib	ed by a physic	dan? (If yes,		Ø	_	
18. F	Requested or n	eceived a pension, banefitz, or payn	ment because of Injury	sicioness or c	isobily?		- 1		
DOM:	HOMAL SPAC	E FOR DETAILS OF YES ANSW	TERS. (Identify ques	tion number.)					
			<del></del>		·				<del></del>
		<del></del>							
				····				<del></del>	<del></del>
								·	<del></del>
·							٠		• *************************************
					************				·
				·····					
	***************************************								*******************
									***************************************
**************************************									
	Libina	Health Concerns or	Age or Age	Brother			He	alth Concorns or	· An ord
	Living	Health Concerns or Cause of Death	Age or Age at Death	Brother or State?	Living		Head	aith Concerns or Buse of Death	· Age or A al Desti
	Living Y (1)	Heelth Concerns or Cause of Deeth	Age or Age al Death	Brother or State?	NEW		Hec	alth Concerns or or Death	Age or A
[	Y (1)	Cause of Death		Brother or Skster?	N CC		Head	eith Concerns or suse of Death	Age or A al Cesti
er	<del></del>	Cause of Death		Bruther or Sister?	NEW		Hecc	alth Concerns or sause of Death	Age or A at Desti
or her (	Y (D) D) N	Lew Kenta	79		Y N Y N Y N	GR2	Hec	aith Concorns or suse of Death	Age or A al Desti
or her (	Y (D) D) N	Cause of Death	79		Y N Y N Y N	ina?	Hec	aith Concorns or ouse of Death	Age or A al Deati
or her (	Y (D) D) N	Lew Kenta	79		Y N Y N Y N	na?	Hes	alth Concoms or suse of Death	Age or A al Deni
oer her () ortamal	Y (D)  Ny membera w	Cause of Death Lew Kerns. with diabetes, heart disease, cano	기익 er, kidney disease or	other Inherita	Y N Y N Y N			ause of Death	at Death
oor her () or familie	Y (D)  Ny membera w  aments and a	Cause of Death  Lew Kerntz.  with diabetes, heart disease, cano	er, kidney disease or	other Inherita	YN YN YN Shie condition	he Saf u	- C	ause of Death	al Cent
nor or farmilie state	Y (b)  N  Ry members w  aments and a  they are to be	Cause of Death  Lew Kerntz  with diabetes, heart disease, cano  answers on this form are completed the basis for any insurance issue	er, kidney disease or	other inherita	Y N Y N Y N Address and its and introduction	belief, v	c c	er writion by my own	al Death
ner (  ier (  ier state  ie state  in that I  cal or  fedge	y (b)  N  N  Amendes and amendes and a medically rate to be medically rate of medically rate of medically rate of medically rate.	Cause of Deeth  Lew Kerntz.  with diabetes, heart disease, cance answers on this form are complete the bests for any insurance compared the best for any insurance co	er, kidney disease or le and true to the be ad hereon. I author pany; the Medical to d for insurance): to	other inherit	Y N Y N Y N Aible condition wiedge and it sed physicia meau; or am	beliaf, v n or me y other	wheth orga	er written by my own precilioner; any hosp income, institution, o	hand or not; and stal, clinic or other person who has
e state that to cal or fedge	y (b)  N  N  Amendes and amendes and a medically rate to be medically rate of medically rate of medically rate of medically rate.	Cause of Deeth  Lew Kerntz.  with diabetes, heart disease, cance answers on this form are complete the bests for any insurance compared the best for any insurance co	er, kidney disease or le and true to the be ad hereon. I author pany; the Medical to d for insurance): to	other inherit	Y N Y N Y N Aible condition wiedge and it sed physicia meau; or am	beliaf, v n or me y other	wheth orga	er written by my own precilioner; any hosp income, institution, o	hand or not; and stal, clinic or other person who has
her () He state He state Heat I cal or	y (b)  N  aments and a they are to be medicatly ral of me (or of or its reinsurer	Cause of Death  Lew Kerntz.  with diabetes, heart disease, canon  snawers on this form are completed the basis for any insurance issued facility; any insurance com-	er, kidney disease or le and true to the be ad hereon. I author pany; the Medical to d for insurance): to	other inheritation of my known to the complete of the complete	Y N Y N Y N Attle condition wedge and it sed physicia meau; or an mation to st t more than it	beliaf, v n or me y other	wheth orga	er written by my own precilioner; any hosp income, institution, o	hand or not; and stal, clinic or other person who has
ner () e state that the call or fedge (	y (b)  N  aments and a they are to be medicatly ral of me (or of or its reinsurer	Cause of Death  Leux Connection with diabetes, heart disease, cano enswere on this form are complete the bests for any insurance com- tained facility; and facility of the complete  This authorization, or a complete  This authorization, or a complete  This authorization, or a complete  This authorization is a complete to complete  This authorization is a complete to comp	er, kidney disease or le and true to the be ad hereon. I author pany; the Medical to d for insurance): to	other inheritation of my known in the internation in the indication of the indicatio	Y N Y N Y N Wedge and it sed physicia mean; or an immedian to the condition of the condition of the condition in the conditio	beliaf, v n or me y other	wheth orga	er written by my own precilioner; any hosp income, institution, o	hand or not; and stal, clinic or other person who has
er familier (	y (b)  N  aments and a they are to be medicatly ral of me (or of or its reinsurer	Cause of Deeth  Leculture 73.  with diabetes, heart disease, cano enswere on this form are complete the bests for any insurance com- said decity; any insurance com- say other person who is propose the authorization, or a copy of	er, kidney disease or le and true to the be ad hereon. I author pany; the Medical to d for insurance): to	other inheritation of my known to the complete of the complete	Y N Y N Y N Wedge and it sed physicia mean; or an immedian to the condition of the condition of the condition in the conditio	beliaf, v n or me y other	wheth orga	er written by my own precilioner; any hosp instance, institution, o	hand or not; and stal, clinic or other person who has
er familier (	y (b)  N  America and a liney are to be a medically rail of medical	cause of Death  Lew Control  with diabetes, heart disease, cano  enswers on this form are complet  the basis for any insurance com- sity other person who is propose  or This authorization, one copy of  Montrology	er, kidney disease or le and true to the be ad hereon. I author pany; the Medical to d for insurance): to	other inheritation of my known in the internation in the indication of the indicatio	Y N Y N Y N Wedge and it sed physicia mean; or an immedian to the condition of the condition of the condition in the conditio	beliaf, v n or me y other	wheth orga	er written by my own precilioner; any hosp instance, institution, o	hand or not; and stal, clinic or other person who has
her (	y (b)  N  America and a liney are to be for the story of	Cause of Death  Leux Connection with diabetes, heart disease, cano enswere on this form are complete the bests for any insurance com- tained facility; and facility of the complete  This authorization, or a complete  This authorization, or a complete  This authorization, or a complete  This authorization is a complete to complete  This authorization is a complete to comp	er, kidney disease or le and true to the be ad hereon. I author pany; the Medical to d for insurance): to	other inheritation of my known in the internation in the indication of the indicatio	Y N Y N Y N Attle condition wedge and it and physicia meau; or am mation to the t more than it	beliaf, v n or me y other	cal D	er written by my own practitioner; any hosp nization, institution, o tractor of the Nationw miths from the date it w	hand or not; and stal, clinic or other person who has

#### 20. AGREEMENT, AUTHORIZATION AND SIGNATURES

I have read the application. I understand each of the questions. All of the entreats and statements on this form are complete and true to the best of my knowledge and belief if understand and agree that

- A This application, any amendments to a, and any related medical examinations will become a part of the Policy and are the beats of any incurance issued upon this application.
- B. No medical examines, produces or other representative of Hallocowide many accept risks or marks or change any contract, or waive or change any of the Company's rights or requirements.
- C. If the but first premium payment is made in exchange for a Temporary insurance Receipt, Nationaida will only be liable to the extent sol forth in that recept.
- D. If the full first premium is not paid with this application, then insurance will only take effect when all of the following conditions are met-
  - 1. a Pobcy is issued by Nationwide and is accepted by met and
  - 2. the full first premium is paid, and
  - all the answers and statements made on the application, medical examination(s) and amendments continue to be true to the best of my knowledge and belief.

The applicant has a right to cancel this application at any line by contacting their agent or Nationavde at writing. I have received the pre-notice form of the Fair Crede Reporting act of 1970 and the Madical Information Bureau disclosure form, I certify that the Social Security Namber given is correct and complete.

I subtoms any learned physician or medical practitions, any hospital, chice, phaemacy or other medical or medically related facility, any insurance company, the Medical Information Bureau, or any other organization, estatutions or person who has broadedge of me, to gain that information to the Medical Director of the Nationarde Life Innuance Company/Nationarde Life and Annualy Insurance Company, or its resources, for the purpose of understanding my application in order to determine elocitally for Life Insurance and to investigate claims. By my algorithme below, I actinovidedge that any agreements I have made to restrict my protected health information do not apply to the authorization; and I instruct any physician, health care provides noted. In this authorization and instruct any physician, health care provides noted that any information that is districted pursuant to this authorization to release and disclose my entire medical record without restriction. I understand that it is authorization, or a copy of it, will be valid for a period of not more than two and one-hall years (30 months) from the date it was algorithm that I have the right to revoke this sufficiation. It is authorization that I have the right to revoke this sufficiation. Understand, p. P.O. Box 182835, revocation to Nationalist Life insurance Company/Nationale Life and Annually Insurance Company, Attention. Understand, p. P.O. Box 182835, Columbus, Ohio 4218-2835. I understand that a revocation is not effective to the extent that any of my providers have related on the authorization, or to the content that the policy stell. I faither understand that I wanted to ago this sufficiention to telease my complete medical records. Nationalist Life insurance Company/Nationalist Life insurance Company/Nationalist that my not be able to process my application. I understand that my authorized representation to it content the policy stell. I faither understand that I wanted to ago this sufficient to Nationalist in verting.

1 7 7 7 7 1	Munch species 18
Egned at Birmonton, Medican	
Code State 3	Month/Day Year
I have truly and occurately recorded all Proposed insured's assimize on this application and have witnessed highertheir agnitude(s) hereon	Con Harmen Local AT
To the best of my knowledge, the insurance applied for D will M will not (CHECK ONE) replace any the insurance, and/or arranty	Name of Proposed lesured (please pred)
•	
MARK E. REICH Producer's Name (please pool)	Signature of Proposed Rounds
Producer's Hame (okeso post)	(or parent of Proposed Incured as under tige 15)
-Ny 9 B	
Produčera Separture	Name of Joint/Spoose Proposed Insured (phase print)
BACH LONG 21-0024503	Signature of John/Spouse Proposed lasured (If to be Insured)
Firm Producer's Halicraede Humber	
Social Security Number	Signature of Applicant/Owine (Weller liver the historical)
	Signature of Payor (4 other than the losured)
•	

L-4738-21

Page 7

DUPLICATE

Case 2.11-cv-12422-AC-MKM ECF No. 16, PageID.311 Filed 06/20/11 Page 31 of 43



### **GUARANTEED TERM LIFE INSURANCE TO AGE 95 POLICY**

Renewable once a year until age 95.

Convertible anytime prior to the end of the conversion period, as stated on the policy data pages.

Premiums payable during lifetime of Insured prior to the end of the term of the policy.

Premiums are guaranteed at issue.

Non-Participating - No Dividends.

with the fact of

# **EXHIBIT B**

# Case 2:11-cv-12422-AC-MKM ECF No. 16, PageID.313 Filed 06/20/11 Page 33 of 43



Nationwide Life Insurance Company
Nationwide Life and Annuity Insurance Company
Nationwide Life Insurance Company of America
Nationwide Life and Annuity Company of America
P.O. Box 182635, Columbus, OH 43218-2835
Hereinafter referred to us the Company
www.nationwide.com

# BENEFICIARY CLAIM FORM

**Customer Contact Information** 

Nationwide: 1-800-243-6295 TDD: 1-800-238-3035 Fax: 1-888-677-7393

A			
30CHAA 1	· Canamal	1 m L m	- Please print
COCHOIL	. Obueral	montani	Dicens1-4
		WILL STREET	SEIBASH ODDE

Please accept our deepest sympathies for your loss. This form is designed to collect information needed to complete your claim.

IMPORTANT: Sections 1, 2, and 5 must be completed.

A certified Death Certificate bearing the seal of the appropriate local, state or federal agency issuing the certificate must accompany this completed form.

Each beneficiary must complete a separate claim form.

To expedite the processing of this claim, you can fax the completed claim form along with a copy of the certificate to 1-888-677-7393.

1a. Deceased Information.
Existing Policy Number(s): L-034804300 (required)
Deceased First Name: 6ARY
Deceased Last Name: LUPILOFF
Date of Death: 7-13-20/0
1b. Beneficiary Information. Must be completed.
Beneficiary Name: WILLIAM ISEENE
Residential Address:(PO Box address is not accepted)
Clty/State/Zlp Code:
Malling Address: (if different than residential)
City/State/Zip Code:
SSN: Date of Birth:
Daytime Telephone Number: E-Mail:
The next Section, Settlement Options, provides three distribution options for your death benefit proceeds. For information about what other options are available to you, please call us at 1-800-243-6295 or TDD: 1-800-238-3035.

Case 2:11-cv-12422-AC-MKM ECF No. 16, PageID.314 Filed 06/20/11 Page 34 of 43 Section 2: Settlement Options - Please select one option. Please Note: Policy owners have the option to choose in advance how their beneficiaries will receive the money If that is the case for you, we'll carry out the policy owner's instructions and provide complete details to you in writing. Option 1 – Lump Sum Payment Option – Nationwide Bank Secure Money Market Account We will establish a Nationwide Bank-Secure Money Market Account in the beneficiary's name and deposit all proceeds into the account. You will have immediate access to these proceeds by check and this account will earn Interest. Benefits of the Nationwide Bank Secure Money Market Account: An attractive variable liered rate of interest. A safe account to hold funds separate from your everyday funds. FDIC insurance coverage, up to \$250,000 per depositor. Free personalized checks provided by Nationwide Bank. Dedicated Customer Care Specialists ready to help you when you call them at 1-877-422-6569. No monthly service fees. The following fields MUST be completed for the Nationwide Bank Secure Money Market Account option: \_\_\_\_\_\_ Issue State: \_\_\_\_\_ Driver's License Militery ID State ID Please note: For your protection, accounts are reviewed under US banking rules to confirm eligibility. Interest earned is reportable to the IRS. Please consult your tax advisor for additional information. Option 2 – Lump Sum Payment Option – Single Check or Direct Deposit This option provides a single full payment. You can choose from receiving the death benefit proceeds either

In the form of a check or have it transferred to your checking or savings account.

#### Benefits of a Single Check:

- · One transaction access to your money.
- Flexibility to transfer directly into your checking or savings account.

### Important: Please select either check or direct deposit from below.

Check (a check will be malled to you using the address entered on page 1, section 1b.). Direct Deposit (complete the information and follow the instructions below). Financial Institution Name: Financial Institution Phone Number: ( )

You must attach a voided check if depositing into your checking account. If depositing into your savings account, a letter from your financial institution will be required. The deposit into your checking or savings account will normally occur four (4) business days after the date the claim transaction is processed. Please note deposit slips are not acceptable.

Important: If a voided check (or letter from your bank/financial institution) is not included, a check will automatically be mailed to the address you provided us. The checking/savings accountholder must be the same as the beneficiary.

### Section 3: Taxpayer ID Certification

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Certification - Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, or that I am exempt from backup withholding, and
- (3) I am a United States citizen (including a U.S. resident alien).

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tex return.

#### Section 4: State Fraud Statements

Alabama, Alaska, Arizona, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Maryland, Massachusetts, Montana, Nebraska, New Hampshire, Mississippi, Ohlo, Oklahoma, Oregon, Puerto Rico, Rhode Island, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin and Wyoming Any person who submits an application or a claim containing a false or deceptive statement, and does so with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, may be guilty of Insurance fraud.

Arkansas Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Important Notice: It is unlawful to knowingly provide felse, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department or regulatory agencies.

District of Columbia. Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas, Nevada, North Carolina and North Dakota Any person who submits an application or a claim containing a false or deceptive statement, and does so with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, may be guilty of insurance fraud.

Louisiana Caution: If your answers on this application are incorrect or unime, Nationwide has the right to deny benefits or resclind your policy. Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Missouri Caution: If your answers on this application are incorrect or untrue, Nationwide has the right to deny benefits or rescind your policy. Fraud Statement: Any person who submits an application or a claim containing a false or deceptive statement, and does so with Intent to defraud or knowing that he/she is facilitating a fraud against an insurer, may be guilty of insurance fraud.

### Section 4: State Fraud Statement, continued

New Jersey Any person who includes any felse or misleading information on an application for an insurance policy is subject to criminal and civil penalties,

New Mexico Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Pennsylvania Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Virginia Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Washington Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

### Section 5: Authorization - Signature Required

If I selected the Nationwide Bank Secure Money Market Account Option, I understand and agree, by signing this form that Nationwide Bank will access and utilize consumer report information to open my account. I authorize my information to be shared with Nationwide Bank, for purposes of establishing my Secure Money Market Account. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, Nationwide Bank asks for my name, address, date of birth, and other information that will allow them to identify me. Nationwide Bank may ask to see my driver's license or other identifying documents.

I certify under penalties of perjury that all statements are true, correct and complete to the best of my knowledge and belief. I understand that the furnishing of this form by the Company does not constitute an admission that there is any insurance in force.

Signature of Beneficiary (Individual Beneficiary)

Date

Social Security Number

Signature of Legally Appointed Guardian

Date

Minor Beneficlary's Social Security-Number

(Individual Beneficiary is a minor or mentally incompetent person). A certified copy of guardianship papers must be furnished.

Please contact our Customer Service Center at 1-800-243-6295 if you have any questions. If you have a Telecommunications Device for the Deaf (TDD), you may access our TDD services at 1-800-238-3035. Customer Service Representatives are available to assist you Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

To expedite the claim process, you may overnight the completed claim form along with any other required form(s) to the following address:

Nationwide Life Operations RR1 - 04 - D4 5100 Rings Rd. Dublin, Ohio 43017

# **EXHIBIT C**

# Case 2:17-cv-12422-AC-WKMCEECF No?46; Pagen D.91814F7164F96/20/1105F96ge 38 of 43

# NATIONWIDE LIFE INSURANCE COMPANY APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINCENT OWNER

Policy Number:	L034804300	_	<i>~</i>	,
the present causes	of the at	lidured:		4 LUPILOPE
				of Owner and/or Contingent Owner, and in accordance with the policy provisions
	Maring a series of the contract of the contrac			^
owner.	il any, jointly or in the surv	ivor(x), otherwise to the Ex	recator or Ygr (3% out it flox	ee are living or in existence, then in the ninistrator of the Estate of the last sale
NEW OWNER: Soci	ial Security or Taxpayer Ident	iffertion Name		of the estate of the last safe
I DEC MANAGE				
William	Cont	DATE OF BIRTH		RELATIONSHIP TO INSURED
			<u> </u>	Business Rozoraschi
		<del>-</del>		ON FILE
ADDRESS				
NEW CONTINGENT	OWNER: Social Security or	Taxpayer Identification Nu	mher	
FULL NAME		DATE OF BIRTH		- * <u></u>
<u> </u>				RELATIONSHIP TO INSURED
			- <del></del>	
	-			
ADDRESS				
Premium Notices Shall	be sent to the new owner for	the above mentioned as		
Premium Payor to be		Address of Payor_	y, vaicss chad	ked and completed below:
Eumher et a	Print full name of Payor		Pr	int full address of Payor
designates a change of Own	igt in nuncrahip does not in an	y way affect the Beneficiary (	designations of	the matters and
	WO WILL IN COMMITTERS ON THE PARKET	16a		THE POURTHIES AND ACCUMUNICATION IN THE PROPERTY.
OUTCOME CONTRACTOR AND A CONTRACTOR	what it is a second of the		DE Telumed to 1	thu Camana i i i
THE PROPERTY AND THE PROPERTY OF THE PROPERTY	innet Caracatter and a constant	•		LOS OU DY LOS COMMANY
that their taxpayer identifica certification of this pumber.	dion number is correct. (For m	ost individuals, this is their So	es are required to this Security M	eed to by the Company.  o provide the Company with certification umber.) If they do not provide us with
31% or such rate as moulead	hay hay be subject to a \$50 peni	alty imposed by the Internal Re-	Venue Service	In wideting one or provide us with
10% withholding on interest withholding will be extend t	and dividently that was repealed	in 1983.) It is not an addition	t is called backing Al lax since the	p withholding (and is not the same as the tax liability of persons subject to backup
his box I lif the Internal Pa	y the another of the tax withhele	d. If withholding results in an o	Overnavnest of	taracty of persons subject to backup
	and current betrations of benines by	at the rayname identic	mber on this and this do engineers	taxes, a refund may be obtained. Check law. Otherwise, your algusture on this polleation is true, correct, and complete.
righed at		this 4 day	y of Op	. /
21/11	City, State	VO	Sold	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7
lew Owner's Signature		2000	200	
· · · · · · · · · · · · · · · · · · ·		TIESCUL UWI	or's Signature	
	Н	OME OFFICE USE ONLY		
		SIME OF FICE USE ONLY		<del></del>
	Agreed to for	Netionwide the		
		Nationwide Life Insurance (		·
E-1112-M	Complete and send	to Company at Columbus, O	hio 43215	
	В	O NOT SEND POLICY		/03 <i>0</i> 0031

# NATIONWIDE LIFE INSURANCE COMPANY APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT OWNER

The following instructions have been enclosed to assist you with the completion of the attached APPLICATION FOR DESIGNATION OF OWNER AND/OR CONTINGENT OWNER. Please read these instructions carefully before completing the application.

- Use this form to request a change of policy ownership. If the desired change of ownership is complex, or if you have any questions, please contact Nationwide Life Insurance Company at the Home Office.
- This application revokes ALL previous ownership. Therefore, even if the present owner or contingent owner is to remain the same, such owner must be renamed on this form.
- 3. Print the FULL name(s) and address(es) of the new owner(s). Be certain to provide the new date of birth, social security (or tax 1D) number, relationship to the insured and the complete address. THE REQUESTED CHANGE OF OWNERSHIP WILL NOT BE PROCESSED IF ANY OF THE INFORMATION IS OMITTED.
- SIGNATURES REQUIRED: (1) The present owner(s) and all irrevocable beneficiaries, if any, and (2) the proposed new owner(s). Signatures MUST be in ink. At the discretion of the Homo Office, a witness may be required.
- 5. The new owner will receive the premium notices unless the payor information is completed.
- 6. If joint ownership is listed, all notices will be mailed to one address listed on the reverse side. For tax reporting purposes, only one social security number can be used. Please indicate which social security number is to be used. The signatures of all joint owners will be required for any policy changes requiring an application. If any of the joint owners is a minor, the minor's legal representative will be required to authorize changes for him/her.
- 7. If naming a trust as owner, provide the name of the trustee(s), the name of the trust, and the date the trust was executed on this form. A copy of evidence of the existence of the trust must be provided. Please provide us with a copy of the page or pages of the trust showing the name and date of the trust, the names of trustor and trustee(s), and a copy of the signature page of the trust.
- 8. If naming a corporation as the new owner, we will need the full name and address of the corporation. We require the signatures of the present policy owner and an authorized officer (with current job title), other than the insured, to sign as the new owner on behalf of the corporation. For variable life insurance products, we require a certified copy of the corporate resolution providing such authority, to be submitted with the Application for Designation of Owner form. If a corporation is named as new owner and the insured is the sole officer, then we will require a completed "Sole Corporate Officer Certification." This form, which can be obtained from Nationwide Life Insurance Company at the Home Office, must be notarized and submitted with the Application for Designation of Owner form.
- Complete and send to Nationwide Life Insurance Company, PO Box 182835, Columbus, Obio 43218-2835.

Life-1112-M

(03/2002)

# **EXHIBIT D**



# APPLICATION FOR CHANGE OF BENEFICIARY DESIGNATION Nationwide Life Insurance Company/Nationwide Life and Annuity Insurance Company

Policy Number: 10348		" ( )/T/C// /T". / 1/			
Company are personal arts apply	cation for important informa	tion. Nationvide Life Insu	Carco Company	neured's SSN:	
Please see Page 3 of this appli Company, are horoin referred a			тапса сопрану а	nd Nationwide Life s	ind Annuity Insuran
This designation is for. A Note: If none selected, this cha	Primary/Base Insured	Joint/Spouse Rider	Other		
SANCTES CONSTRUCTION	TO ENTIRE THE WAR TO SEE	iary/Hasa Insured only.		una of insured or Ride	9
A. P. The following persons		77 7 12 Con 1			
Full Name	) who survive the Insured, in	equal shares or noted pe	rcentages:		A to restruction and the
. on tembe	Relationahip to Insumd	Full Address		CCN	
William Koone	BUSINESS RUTI	156tp		SSN	%
	ONTHE				100%
	<u> </u>				
	<u> </u>				
				<del></del>	<del></del>
				<del> </del>	
		*			·
8. The Executors or Admini					
C. Trust (Please Include a	istrators of the Estate of the	Insured.			Total = 100%
trustees, names, and sign	copy of the pages from your natures).	must that contain the follo	wing Information:	the title of the trust,	date established
Named Trustac(s)					
Title/Name of Trust	•			or suc	ов <b>взог(s)</b> .
D. Trustee(s) or successed			Date of Trust:		
The saccossor(s), or successor(s	5) in trust under (neured's L	ast Mall and Testers			
	s) in trust under Insured's L jame:	ast Will and Testament	con or rimit.		····
E. Other (please specify): N Address:	s) in trust under Insured's Lame:	ast Will and Testsment		-	
E. Other (please specify): N Address:	ame:	ast Will and Testament			
Other (please specify): N Address:	Chiral strong a death, the time of insurod's death,	ast Will and Testament			
Other (please specify): N Address: Addr	Chiral strong a death, the time of insurod's death,	ast Will and Testament		ther entity) at time of	Insured's deuth,
Othor (please specify): N	the time of insured a death, in	ast Will and Testament  The state of the sta		ther entity) at time of	Insured's death,
Other (please specify): N Address:	the time of insured a death, in a survive the Insured, in a Relationship to insured	ast Will and Testament  Fig. 18 not in existence (if original shares or noted perce		ther entity) at time of	
Other (please specify): N Address:  Community Beneficiary Is deceased at the total to the community Beneficiary Is deceased at the total t	the time of insured a death, in a survive the Insured, in equal Relationship to Insured  With the of William	ast Will and Testament  Fig. 18 not in existence (if original shares or noted perce			%
Other (please specify): N Address:  Address:  Address:  Annary Beneficiary 13 deceased at the tollowing person(a) with the tollowing person(a) with the tollowing person to th	the time of insured a death, in a survive the Insured, in a Relationship to insured	ast Will and Testament  Fig. 18 not in existence (if original shares or noted perce			
Other (please specify): N Address:  Address:  Prantry Beneficiary Is deceased at the tollowing person(a) will Name	the time of insured a death, in a survive the Insured, in equal Relationship to Insured  With the of William	ast Will and Testament  Fig. 18 not in existence (if original shares or noted perce			%
Other (please specify): N Address:  Address:  Address:  Annary Beneficiary 13 deceased at the tollowing person(a) with the tollowing person(a) with the tollowing person to th	the time of insured a death, in a survive the Insured, in equal Relationship to Insured  With the of William	ast Will and Testament  Fig. 18 not in existence (if original shares or noted perce			%
Other (please specify): N Address:  Address:  Prantry Beneficiary Is deceased at the tollowing person(a) will Name	the time of insured a death, in a survive the Insured, in equal Relationship to Insured  With the of William	ast Will and Testament  Fig. 18 not in existence (if original shares or noted perce			%
Other (please specify): N Address:  Address:  Address:  Annary Beneficiary 13 deceased at the tollowing person(a) with the tollowing person(a) with the tollowing person to th	the time of insured a death, in a survive the Insured, in equal Relationship to Insured  With the of William	ast Will and Testament  Fig. 18 not in existence (if original shares or noted perce			%
Other (please specify): N Address:  Address:  Chamber Beneficiary Is deceased at the tollowing person(a) with the collowing person(a) with the collowing person to the following person to the collowing person to the collowi	the time of insured a death, in a survive the Insured, in equal Relationship to Insured  With the of William	ast Will and Testament  Fig. 18 not in existence (if original shares or noted perce			%
Other (please specify): N Address:	ame:  the time of insured's death, in a survive the Insured, in a Relationship to Insured  With the of William Krene	ast Will and Testament  Full Address	nt, corporation or or	SSN	% 
Other (please specify): N Address:  Address:  Address:  Amility Beneficiary is deceased at the total of the following person(n) with the project of the following person(n) with the project of the following person of the project of the project of the following person of the project of	ame:  the time of insured's death, in a survive the Insured, in a Relationship to Insured  With the of William Krene	ast Will and Testament  Full Address	nt, corporation or or	SSN	% 
Other (please specify): N Address:  Address:  Address:  Address:  Annary Beneficiary is deceased at the tento:  The following person(a) with the tento:  The Executors or Administratives (Please include a coptrustees names, and signatures)	the time of insured a death, in a survive the Insured. In each of William Keene.  Store of the Estate of the Insured the pages from your truines).	ured.	nt, corporation or or	SSN	% 
Other (please specify): N Address:  Standard Secretary Is deceased at the total owing person(a) with the total owing person (a) with the total owing person (b) with the total owing person (c) with the total owing person (c	the time of insured a death, in a survive the Insured, in a Relationship to Insured  Who of William Keene.  Store of the Estate of the Insured in a grown your trueres).	ured.	intages:	SSN	% 
Other (please specify): N Address:  Address:  Address:  Amin'y Beneficiary is deceased at the control of the collowing person(a) with the control of the collowing person of the collowing of the collowing person of the coll	the time of insured a death, in a survive the Insured, in a Relationship to Insured  Who of William Keene.  Store of the Estate of the Insured in a grown your trueres).	ured.	intages:	SSN	% /OD/,  Total = 100% to established.
Other (please specify): N Address:    Address:   Address:   Address:	the time of insured's death, in a survive the Insured, in equal to the Control of Williams Reene.  Relationship to Insured Williams Reene.  Relationship to Insured Williams Reene.	ured.	intages:	SSN	% /OD/,  Total = 100% to established.
Other (please specify): N Address:  Stant Address:  Control of the	the time of insured's death, in a survive the Insured. In each of William KRENC.  Store of the Estate of the Insured of the pages from your truites).	ured.  St that contain the following and Tools	and corporation or of integers:  and information: the corporation of Trust:	SSN	Total = 100% to established.

LAF-0119AO.2 Par

Page 1 of 3

08/2003

# GASEL 2:421-10V 21-2423-46EMK MEDIECF NO.46-60P 3600 Po 323-4-FHERD 96/20/1103 Page 42 of 43



# APPLICATION FOR CHANGE OF BENEFICIARY DESIGNATION Nationwide Life Insurance Company/Nationwide Life and Annuity Insurance Company

Cotton brand / /	72 480 4500	
Policy Number	034804300 Primary Insured: GARLY H. Luriliff Insured's SSN:	
before the Company has	that I have read and agree to the terms and conditions on page 3 of this application. I agree that this character of this application and this application will have no effect on any payment made or action taken by the Co	ınga
are a company had	a agrada to this application.	mpa
Owner signed and		
witnessed in (city/state)	Branco da la laca	
Owners	BIRANIED DOM. MI	
Signature V	The state of the s	
Owner's		
Printed Numb	GARCY H. LUPLLOFF	
Data Signed		
	4/4/07	
Owner's Witness Printed Name		
	MARY B! Raw	
Owner's Witness Signature		
	White FA	
Date Skyned	and yes	
	4/4/07	
Joint Owner/Other signed and witnessed in (city/state)		
·		
Joint Owners/Others Signature (# applicable)		
Joint Owners/Others		
Printed Namo		
Dole Signed		
<u> </u>		
Joint Owners/Other's Witness Signeture	All the second s	
* Statuse Collidates		- 1
Joint Owner's/Other's		
Wisses Printed Name		
Date Signed		$\dashv$
Agreed to for Nationwide Life In	insurance Company/Nationwide Life and Annuity	
Insurance Compa	any by Thomas Beince, Secretary	
•		

LAF-0119AO.2

Page 2 of 3

08/2006

# APPLICATION FOR CHANGE OF BENEFICIARY DESIGNATION

Nationwide Life Insurance Company/Nationwide Life and Annuity Insurance Company Mail to: Nationwide Life Insurance Company, P.O. Box 182835, Columbus, Ohio 43218-2835 Contact us at 1-800-543-3747, or visit our website at www.nationwidglinancial.com Fax: 1-614-677-0189

#### About Designations

Completing this form: It is important that you fully complete Section 1 of this form, even if you are not making any changes to the primary beneficiary (i.e. fully writing out the designation including names and percentages if applicable). We will not accept wording such as "same or no

Dollar Amounts: Specific dollar amounts are generally not permitted. Instead, please designate a percent in the % column. Percontage totals must equal 100 percent. If you must designate a specific dollar amount, please contact our Home Office.

Funeral Home or Creditor: If you wish to name a funeral home or creditor, please use the "Other field for this designation. Please use the following wording and complete the items listed in parenthesis: "(Craditor Name or Funeral Home Name), as their interest may appear, balance if

Businesses, Schools, Charities, or Churches: If you wish to name a business, school, charity, or church as your beneficiary, please use the

Irravocable beneficiary: An irrevocable beneficiary, once named, cannot be changed without the consent of the named irrevocable beneficiary. In addition, other policy changes may require the irrevocable beneficiary's signature prior to the Company accepting any requested change. If this beneficiary is to be irrevocable, please add the following wording after the person's name: "without right of revocation during this beneficiary's

#### Terms and Conditions

Sending your policy: Please do not send in your policy with this request. The Company wakes any policy provision requiring the return of the

Previous beneficiary designations: Once the Company receives and agrees to this application, all previous beneficiary designations for this policy are revoked effective the date of this application. If a death claims becomes payable under this policy, the proceeds shall be payable to the beneficiary(les) named in this application after the Application has been accepted by the Company. Unless otherwise provided for on this application:

If two or more Beneficianes or Contingent Beneficiaries are designated, the proceeds shall be payable in equal sheres to those Beneficiaries

If two or more baneficiaries or Contingent Beneficiaries are designated to receive the proceeds in unequal shares and any of those Beneficiaries or Contingent Beneficiaries predecease the Insured, the proceeds designated for such deceased Beneficiaries or Contingent Beneficiaries shall instead be paid in equal shares to those Beneficiaries or Contingent Beneficiaries who survive the Insured. Children include naturally born and legally adopted children of the Insured,

- Any amounts payable to a child of less than legal age shall be paid to the legally appointed guardian of his/hot property or in any other manner
- Baneficiaries not specified by name: If baneficiary(ies) are not specified by name (i.e. all children living), the Company is authorized to rely on an affidavit from any beneficiary listed on this form or from any responsible person in determining the names of the beneficiaries at time of claim. The Company is discharged from all liability upon making settlement based on such affidavit.
- Required Addresses: If you live in one of the following states AK, AZ, FL, HI, ID, LA, NO, OR, RI, UT, VA, WA or WI, a full address for all
- Required Signatures: This request must be signed and dated by sit persons who have ownership or other rights in the policy (all co-owners, joint owners, co-trustees, previously named irrovocable beneficiaries, etc.). Signatures must be made in ink using full legal names. In addition:
  - If a corporation owns the policy, we require the signature of a corporate officer and the officer's title. This officer must be someone other than
  - In states that require a witness, an uninterested party should sign as the witness (someone not named as a beneficiary or otherwise signing
- Owners' rights: The owner(s) reserve the right to change the beneficiary unless otherwise provided for on this application (i.e. irravocable

if a Trust/Trustso(s) is named as beneficiary on this policy:

- The Company is not responsible for the application or disposition of the proceeds of the policy by the Trustee(s). Payment to the Trustee(s) shall fully discharge the liability of the Company under the policy.
- if the beneficiary is a tostamentary trust, the Company is authorized to rely on a certified copy of the qualification and appointment of the trustee or the probating of the will. If the baneficiary is an inter-vivos or living trust, the Company is authorized to rely upon a statement from
- If, within six months after the death of the Insured, the Company has not been furnished with evidence of the probability of the Will and the qualification of the trustee (if a testamentary trust), or, with evidence that the trust is active and in full force and effect (if an inter vives or living trust), the proceeds may then be paid to the contingent or other beneficiary(ses) designated to next receive the proceeds. If there are no such benefictaries, the proceeds may then be paid according to the barns of the policy when no beneficiary is living at the death of the Insured.
- Executors, Administrators or Estates as beneficiaries: Per policies in which the insured's Estate or the Executor or Administrator of the insured's Estate is the beneficiary, the Company is authorized to rely upon a certified copy of the qualification and appointment of the Executor or Administrator of the Insured's Estate. Payment of the policy's proceeds to the Executor or Administrator shall fully discharge the liability of the
- Any reference in this Application to a beneficiary living or surviving will mean living or surviving at the time of the insured's death.

LAF-0119AO 2 Page 3 of 3